2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 14, 2008 08:00 A Secretary of State DOCUMENT # L04000092180 **BULOVA DRIVE DUPLEX LLC** Principal Place of Business Mailing Address 1782 MARKHAM GLEN CIRCLE 1782 MARKHAM GLEN CIRCLE LONGWOOD, FL 32779 LONGWOOD, FL 32779 04072008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent SCHOEFFEL, CHRISTOPHER DO NOT WRITE 1782 MARKAHM GLEN CIRCLE LONGWOOD, FL 32779 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 1012 Signature, typed or printed name of registered agent and title it applicable INDITE. Registered Agent signature required when reinstating) * FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE SCHOEFFEL, CHRISTOPHER NAME STREET ADDRESS 1782 MARKAHM GLEN CIRCLE U00000895787 04/24/03-80083-006 138.75 CITY-ST-ZIP LONGWOOD, FL 32779 MGRM TITLE IM, ANGELA NAME STREET ADDRESS 1782 MARKAHM GLEN CIRCLE CITY-ST-ZIP LONGWOOD, FL 32779 TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY: ST-ZIP

11. I nereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

TITLE NAME 4 STREET ADDRESS CITY-ST-ZIP

FILED