2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L04000094366 03-31-2008 90262 027 ***138.75 1. Entity Name MAMORETA, LLC Principal Place of Business Mailing Address OUUTQU4P. 1655 27TH STREET 1655 27TH STREET SUITE 2 SUITE 2 VERO BEACH, FL 32960 VERO BEACH, FL 32960 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03252008 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-2419044 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOLER, STEPHEN E Street Address (P.O. Box Number is Not Acceptable) 336 EGRET LANE VERO BEACH, FL 32963 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! : FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM: TITLE ☐ Change ☐ Addition ☐ Delete TITI F MASTELLER, EARL H NAME STREET ADDRESS 869 ROBIN LANE STREET ADDRESS CITY-ST-ZIP SEBASTIAN, FL 32958 CITY-ST-ZIP TITLE MGRM ☐ Detete ☐ Change ☐ Addition MOLER, STEPHEN E NAME NAME 336 EGRET LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP MGRM ☐ Delete Change ☐ Addition TITLE REED, RODNEY L NAME NAME 2166 Falls Circle STREET ADDRESS 781 GOSSAMER WING WAY STREET ADORESS Vero Beach, FL 32967 SEBASTIAN, FL 32958 CITY-ST-ZIP CITY-ST-ZIP **MGRM** Defete TITLE Change ■ Addition TAYLOR, DAVID M NAME NAME **1225 26TH AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7/P CITY-ST-7IP 11. I hereby 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3.25°08

772-567-5300

FILED Mar 31, 2008 8:00 am