2008 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 30, 2008 08:00 AN Secretary of State **DOCUMENT # L05000003140** 1. Entity Name 344 GULF BOULEVARD, LLC Principal Place of Business Mailing Address **100 KYNLYN ROAD** 100 KYNLYN ROAD RADNOR, PA 19087 RADNOR, PA 19087 04292008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3812701 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent FRENCH, HARRY B JR DO NOT WRITE 45 SPYGLASS ALLEY PLACIDA, FL 33946 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. 05/27/08-80017-023 138.75 MGR TITLE FRENCH, HARRY B NAME 100 KYNLYN ROAD STREET ADDRESS CITY-SI-7IP **RADNOR, PA 19087** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/P IN THIS SPACE TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing 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.

TED NAME ANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP