2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 18, 2007 8:00 am Secretary of State DOCUMENT # L05000005829 04-18-2007 90036 010 ****50.00 ROWLEY GROUP, LLC Mailing Address Principal Place of Business 5900 NORTH ANDREWS AVE 5900 NORTH ANDREWS AVE SUITE 626 SUITE 626 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 20-2213066 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROWLEY, S. PIKE 2110 NE 30TH COURT Street Address (P.O. Box Number is Not Acceptable) 5900 N. Andrews Avenue LIGHTHOUSE POINT FL 33064 Zip Code 333309 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, typed or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when registating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. IIII ш MGRM □ Delete Change Change ☐ Addition NAME S. PIKE ROWLEY TRUSTEE OF THE S.PIKE ROWLE NAM STREET ADDRESS SIRITADORESS 5900 N. Advews Alenne, Suite 626 2110 NE 30TH COURT CHY-S1-7IP CHY-ST- 7P Ft Louderdule, Fr 35309 LIGHTHOUSE POINT FL 33064 ☐ Delete THE THEFF Change □ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY SI-ZIP ☐ Delete 11111 Change ■ Addition NAMI NAM! STREET ADDRESS STREET ADDRESS UIBY SI-ZIP CHY ST 7P ☐ Delete 1000 ☐ Change ☐ Addition IIILE NAME NAMI STREET ADDRESS STREET ADDRESS CHY SI-ZIP CHY ST ZIP Delete ☐ Change Addition 🔲 NAME STREET ADDRESS STREET ADDRESS CITY ST-718 CHY ST ZIP HILE ☐ Delete Change ■ Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-7IP 11. hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED