2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L05000006650



03-21-2007 90163 013 ****50.00 1900 MASON AVENUE, LLC Principal Place of Business Mailing Address UUUMUUV 100 LA COSTA LANE, SUITE 140 100 LA COSTA LANE, SUITE 140 DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 CR2E083 (12/06) Chg-LLC Applied For City & State 4. FEI Number City & State 20-2224618 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GLASS, THOMAS G Street Address (P.O. Box Number is Not Acceptable) 100 LA COSTA LANE, SUITE 140 DAYTONA BEACH, FL 32114 Zip Code 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 Make check payable to Filing Fee Is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM ☐ Delete ■ Addition TITLE □ Change TITLE GLASS, THOMAS G NAME NAME STREET ADDRESS 100 LACOSTA LN 14D STREET ADDRESS DAYTONA BEACH, FL 32114 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME PANAGGIO, MICHAEL J STREET ADDRESS 2441 BELLEVUE AVE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32114 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE WALTHER, MICHAEL J NAME NAME STREET ADDRESS 2441 BELLEVUE AVE STREET ADDRESS DAYTONA BEACH, FL 32114 CITY - ST - 7JF CITY-ST-7IP ☐ Change ☐ Addition MGRM ☐ Delete TITLE TITLE HAYNES, MICHAEL NAME NAME STREET ADDRESS 100 LACOSTA LN 14D STREET ADDRESS DAYTONA BEACH, FL 32114 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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.

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF BIOKING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

FILED

Secretary of State

Mar 21, 2007 8:00 am