2007 LIMITED LIABILITY COMPANY

Feb 16, 2007 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT #L05000007653** 02-16-2007 90179 016 ****50.00 US 1 BUSINESS PARK, LLC Principal Place of Business Mailing Address **301 S CENTRAL AVE 301 S CENTRAL AVE** FLAGLER BEACH, FL 32136 FLAGLER BEACH, FL 32136 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-2953413 Not Applicable Zip Zip Country 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 Name SMITH, RICH Street Address (P.O. Box Number is Not Acceptable) 301 S CENTRAL AVE FLAGLER BEACH, FL 32136 City 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 reinstaling) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR ☐ Change ■ Addition TITLE Delete TITLE LIGHTHOUSE DEVELOPMENT GROUP, INC NAME NAME STREET ADDRESS 301 S CENTRAL AVE STREET ADDRESS FLAGLER BEACH, FL 32136 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE TITLE

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.

NAME STREET ADDRESS

CITY-ST-ZIP

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

NAME

STREET ADDRESS CITY-ST-ZIP

Rich Smrth

2-14-07

386-439-3011

FILED