2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 02, 2007 8:00 am Secretary of State DOCUMENT # L05000018237 05-02-2007 90338 010 ****55.00 WBJ 8141 THAMES C. LLC Principal Place of Business Mailing Address 20283 ST. RD. 7 7737 CHERRY BLOSSOM WAY SUITE 300 BOYNTON BEACH, FL 33437 BOCA RATON, FL 33498 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302007 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 4*3978* APPLIED FOR の3-6ぶ Not Applicable Zip Country Country Zip \$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 TESSLER, CHARLES G Street Address (P.O. Box Number is Not Acceptable) 20933 BOCA RIDGE DR. W BOCA RATON, FL 33428 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, typed or printed hame of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to 軟 為Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE Change Addition C.G.T. MARKETING, P.A. NAME NAME STREET ADDRESS 20283 STATE ROAD 7 SUITE 300 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33498 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GORDON, BERNARD NAME STREET ADDRESS 7737 CHERRY BLOSSOM WAY STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33437 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE: R. OR WITHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-7IP

☐ Addition

☐ Change