2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED Feb 15, 2008 08:00 AM DOCUMENT # L05000023600 **Secretary of State** 3 PUTT HOBE SOUND, LLC Principal Place of Business Mailing Address 6250 SE BRIDGE ROAD HOBE SOUND FL 33455 6250 SE BRIDGE ROAD HOBE SOUND FL 33455 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State Applied For 4. FEI Number 20-2469491 Not Applicable Zip Country Zio Country \$5.00 Additional Certificate of Status Desired P Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE CREATIONS NETWORK INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD, #221E PALM BEACH GARDENS FL 33410 Zip Code City 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 familia: with, and accept the obligations of registered agent. Signature, typed or or n'edinair e of registered agent and title il appubable (NOTE Registered Agent's gristure required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR Delete TITLE Change Addition NAME AIELLO, JOHN NAME STREET ADDRESS 6250 SE RIDGE ROAD STREET ADDRESS CITY-ST-ZIP HOBE SOUND FL 33455 CITY-ST-Z:P TITLE ☐ Delete TITLE Change Addition NAME DOWNING, KEVIN NAME U00000830101 02/26/08-80069-023 143.75 STREET ADDRESS 6250 SE RIDGE ROAD STRECT ADDRESS CITY-ST-2IP HOBE SOUND FL 33455 CITY-ST-ZiP TITLE ☐ Delete MGR TITLE Change Addition NAME NAME ANDERSEN, GORDON STREET ADDRESS STREET ADDRESS 6250 SE RIDGE ROAD CITY-ST-ZIP CITY-ST-ZiP HOBE SOUND FL 33455 THILE ☐ Delete TITLE Change Addition NAME AIELLO, TOM NAME STREET ADDRESS 6250 SE RIDGE ROAD STREET ADDRESS CITY-ST-ZIP HOBE SOUND FL 33455 CITY-SI-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STRECT ADDRESS CITY ST-ZIP CITY ST-ZP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby certify that the information supplied with this filling 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 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.

SIGNATU	RE: _			/	Coullo			
		AND TYPED O	A PRINTED NAM	E OF SIGN	NG MANAGING M	EMBER, MANAGER,	OR AUTHORIZED	REPRESENTATIVE

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