2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED --DOCUMENT # L05000029867 Jan 25, 2007 08:00 AM 1. Entity Namo Secretary of State THE CLOISTERS OF ALL SAINTS L.L.C. Principal Place of Business Mailing Address 310 BLOUNT STREET P.O. BOX 15694 SUITE 108 TALLAHASSEE FL 32301 TALLAHASSEE FL 32317 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 02-0742808 Not Applicable Zip Country Zio 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 ROSEN, PETER Street Address (P.O. Box Number is Not Acceptable) 423 ALL SAINTS ST. TALLAHASSEE FL 32301 Cilv Zip Codo 8. The above named ontity 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 trile if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. 1881 F MGRM ☐ Defete HHE Change ☐ Addition U000000603426 NAME ROSEN, PETER S NAM STREET ADDRESS 01/29/07-80013-004 50.00 STILLI ADDOLSS P.O. BOX 15694 CITY ST ZIP CITY SI 7P TALLAHASSEE FL 32317 ☐ Delete IIII Change MGRM ☐ Addition NAME JOHN CORRIGAN BYRNE III NAM STREET ADDRESS SHRELLADORESS P.O. BOX 15694 CITY ST ZIP TALLAHASSEE FL 32317 CHY-SE ZIP THIS Delete 3113E Change ☐ Addition NAME NAME SIDEL LADORESS STREET ADDRESS CITY SE ZIF CHY-SEZIP TITLE Delete អារ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY-ST-Z#P THEE Delete I Addition ☐ Change NAM NAME STREET ADDRESS STREET ADDRESS CHY SE 71P CITY-SE-7R mu Delete FIRE Chance ☐ Addition NAME NAME STRLET ADDRESS STREET ADDRESS CHY SI /IP CITY-ST ZIP 11. I horcely certify that the information supplied with this filling does not qualify for the exemptions contained in Section 19. 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. SIGNATURE:

Oate

Caytime Phone #

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