2007 LIMITED LIABILITY COMPANY

Feb 16, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L05000031614 02-16-2007 90179 026 ****50.00 1. Entity Name WILLIS SMITH/FMO, LLC . PBAT2397* Principal Place of Business Mailing Address 1515 RINGLING BLVD #890 1515 RINGLING BLVD #890 SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 Chg-LLC CR2E083 (12/06) Applied For City & State 4. FFI Number City & State 65-1246588 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MENKE, W. TODD Street Address (P.O. Box Number is Not Acceptable) 1515 RINGLING BLVD #890 SARASOTA, FL 34236 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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM Change ■ Addition TITLE ☐ Delete TITLE MENKE, W. TODD NAME NAME STREET ADDRESS 1515 RINGLING BLVD #890 STREET ADDRESS SARASOTA, FL 34236 CITY-ST-ZIP CITY-ST-ZIP Change TITLE MGRM Delete TITLE ☐ Addition SESSIONS, DAVID E NAME NAME 2902 HYDE PARK ST. STREET ADDRESS STREET ADDRESS SARASOTA, FL 34239 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE Delete TITLE ☐ Change ☐ Addition LACIVITA, F. JOHN NAME NAME STREET ADDRESS 2902 HYDE PARK ST. STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34239 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change noitibhA 🔲 Delete TITLE NAME NAME

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 ac limited liability company or the receive trate 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-7iP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

D NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

FILED