2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 13, 2006 8:00 am DOCUMENT # L05000033916 **Secretary of State** 01-13-2006 90037 012 ****50.00 CRAYTON ROAD, L.L.C. Principal Place of Business Mailing Address 2800 WILLIAMSISLAND, APARTIMENT 2901 2800 WILLIAMS ISLAND, APARTIMENT 2901 AMENTUPA FL 33160 AVENTUPA FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 Chg-LLC CR2E083 (11/05) City & State 4. FEI Number 20 - 269/025 Applied For City & State Not Applicable Zip Country Žio Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MISHAAN, SUSAN Street Address (P.O. Box Number is Not Acceptable) 2800 WILLIAMS ISLAND, APARTMENT 2901 AVENTURA, FL 33160 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 regulted when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE Change ☐ Addition NAME MISHAAN, SUSAN NAME STREET ADDRESS 2800 WILLIAMS ISLAND, APARTMENT 2901 STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33160 CITY-ST-ZIP TIRE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition

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11. I hereby certify that the Information supplied with this filling 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 it 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.

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