2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L05000034482 02-14-2007 90218 035 ****50.00 1. Entity Name 119 LAKE FRANCIS L.L.C. Principal Place of Business Mailing Address 1001 NORTH U.S. HIGHWAY ONE, SUITE 600 1001 NORTH U.S. HIGHWAY ONE, SUITE 600 60015416 JUPITER, FL 33477 JUPITER, FL 33477 Mailing Address AND PINECT 2. Principal Place of Business - No.P.O. Box # SAND Suite, Apt. #, etc. 02092007 CR2E083 (12/06) Chg-LLC City & State City & State Applied For 4. FEI Number JUP ITER MP 17CR 52-2458937 Not Applicable Sountry Zip \$5.00 Additional Alm Berch 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARPENAU, RICK Street Address (P.O. Box Number is Not Acceptable) 6190 SAND PINE CT. JUPITER, FL 33458 City Zip Code FI 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 Fiorida. I am familiar with, and accept the obligations of registered agent ReNAU SIGNATURE Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE **MGRM** Delete TITLE Change ☐ Addition HARPENAU, RICHARD J NAME NAME STREET ADDRESS 6190 SAND PINE COURT STREET ADDRESS CITY-ST-ŽIP JUPITER, FL 33458 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition WISNESKI, RONALD H NAME NAME 18586 LAKESIDE GARDENS DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME 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 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 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.

HARPENA

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

FILED Feb 14, 2007 8:00 am