2007 LIMITED LIABILITY COMPANY

Feb 13, 2007 8:00 am **Secretary of State** ANNUAL REPORT ~ 02-13-2007 90058 019 ****50.00 DOCUMENT #L05000040794 FREDERICKSBURG MOB INVESTORS LLC Principal Place of Business Mailing Address 60015262 11360 JOG ROAD, SUITE 200 11360 JOG ROAD, SUITE 200 PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 Chg-LLC CR2E083 (12/06) City & State City & State 4 FEI Number Applied For 14-1964587 Not Applicable Zip Country Zip 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM m GRM (Change TITLE Ø Delete TITLE ☐ Addition malcoim 5. Sina NAME SING, MALCOLM S NAME 11360 Tog Road, Suite 200 Falm Boach Golders, F/33418 11360 JOG ROAD, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP MERM MGRM Change 🗹 Delete TITLE TITLE ☐ Addition TAMES V. Galgano GALGANO, JAMES U NAME NAME 11560 Tuy Road, svite 200 11360 JOG ROAD, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-7IP PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defele TITLE ☐ Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIF CATY-ST-ZIE ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

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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 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone # Date