2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

Secretary of State 03-19-2007 90463 020 ****50.00 **DOCUMENT # L05000050417** 1. Entity Name
GABRIEL'S PATH LLC 40037557 Principal Place of Business Mailing Address 6 TOMLINSON COURT 120 E. PALMETTO PARK ROAD, 450 BOCA RATON, FL 33432 CABIN JOHN, MD 20818 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02262007 CR2E083 (12/06) Chg-LLC 4. FEI Number Applied For City & State City & State 14-1931090 Not Applicable Country \$5.00 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REDGRAVE & ROSENTHAL LLP Street Address (P.O. Box Number is Not Acceptable) 120 EAST PALMETTO, PARK ROAD, 450 BOCA RATON, FL 33432-4845 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 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 10. 9. Addition MGR TITLE ☐ Change TITLE ☐ Delete NAME NAME GRAY, ELIZABETH 6 TOMLINSON COURT STREET ADDRESS STREET ADDRESS CABIN JOHN, MD 20818 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7/P CITY-ST-ZIP Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP

11. I hereby certity 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 irmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daviline Phone #

FILED Mar 19, 2007 8:00 am