2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 18, 2007 8:00 am Secretary of State **DOCUMENT # L05000051300** 05-18-2007 90220 030 ****50.00 1. Entity Name LOTUS, LLC Principal Place of Business Mailing Address 4305 W. HWY 98 4305 W. HWY 98 PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 05112007 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number 20-2885246 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NGUYEN, THAO:T Street Address (P.O. Box Number is Not Acceptable) 2437 RAYMOND DIEHL RD TALLAHASSEE FL 32309 Zip Code City FL 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) Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGR -☐ Change ■ Addition TITLE ☐ Detete NGUYEN, THAO T MAME NAME STREET ADDRESS 2437 RAYMOND DIEHL RD #1 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309 CITY-ST-ZIP TM F ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -TITLE ☐ Delete IMF ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 eignature 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 coordinate the contract of **SIGNATURE:**

MANAGER OR AUTHORIZED REPRESENTATIVE

RINTED NAME OF SIGNING MANAGING MEMBER

FILED

Daytime Phone #