2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Secretary of State DOCUMENT # L05000051579 03-27-2007 90202 040 ****50.00 1ST FLORIDA PROPERTY MANAGEMENT LLC Principal Place of Business Mailing Address 60029661 1165 BLUE HERON BLVD. 1165 E. BLUE HERON BLVD. RIVIERA BEACH, FL 33404 RIVIERA BEACH, FL 33404 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 01252007 Chg-LLC CR2E083 (12/06) 1165 E.Bine Heron Blvd. Stell 1165 E, Blue Haron Blvd Ste K Applied For City & State 4. FEI Number Riviera Beach <u>Riviera</u> Beach 11-3755310 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 33404 33404 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FROST, CARL S Street Address (P.O. Box Number is Not Acceptable) **UNIT A** 1165 OCEAN AVENUE RIVIERA BEACH, FL 33404 Riviera Beach Zip Code 33404 tegent to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits the obligations of registered ac Frost Manager 29 Jan 2007 DATE Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. Addition MGR : / ' TITLE TITLE ☐ Delete FROST: CARL S NAME 1165 E. Blue Heron Blvd. Stake NAME STREET ADDRESS 1165 OCEAN AVENUE #A STREET ADDRESS RIVIERA BEACH, FL 33404 CITY-ST-ZIP CITY-ST-ZIP Change Addition MGR TITLE ☐ Delete TITLE Davis, Lauren 1165 E. Blue Heron Blvd. Ste K. NAME NAME STREET ADDRESS STREET ADDRESS Riviera Beach, FL 33404 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE TITLE cordean, Diane Blvd. Sta K NAME NAME STREET ADDRESS Riviera Beach, FL 33404 CITY-ST-ZIP CITY+ST-7IP Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ___ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 imported to execute this report as required by Chapter 608, Florida Statutes. JRE: Managing Member SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING MANAGING MEMBER, MANAGEN, OR AUTHORIZED REPRESENTATIVE Jan 30,2007 56/207-7301

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