Apr 24, 2006 8:00 am Secretary of State 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # L05000053559** 04-24-2006 90059 025 ****50.00 1. Entity Name DECKLER REAL ESTATE, LLC Principal Place of Business Mailing Address 40058552 %-DAVID A. HOLMES/FARR: FARR ET AL P.A. 19410 40TH COURT SUNNY ISLES BEACH, FL 33950 90 NESBIT STREET PUNTA GORDA, FL 33950 2. Principal Place of Business 3. Mailing Address 19410 40 Suite, Apt. #, etc. Suite, Apt. #, etc. 04212006 Cha-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Sunny Isles Beach, 20-292 170 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLMES, DAVID A ESQ. Street Address (P.O. Box Number is Not Acceptable) FARR, FARR, EMERICH, HACKETT & CARR, P.A. 99 NESBIT STREET PUNTA GORDA, FL 33950 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. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR ☐ Delete TITLE ☐ Change ☐ Addition TITLE DECKLER, KENNETH NAME NAME 19410 40TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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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.

CITY-ST-ZIP

CITY-ST-ZIP

Managing Mb. Kenneth Deckler SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #