2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jul 31, 2006 8:00 am **Secretary of State** DOCUMENT # L05000054273 1. Entity Name 07-31-2006 90144 035 ****55.00 WELCOME HOMES, LLC Principal Place of Business Mailing Address 9136 GULF SHORE DR 9136 GULF SHORE DR NAPLES, FL 34108 NAPLES, FL 34108 3. Mailing Address 158 Westmareland Ane Suite, Apt. #, etc. 07252006 Chg-LLC CR2E083 (11/05) Applied For City & State 4. FEI Number a-600 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 606 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OLEFSON, SHARI B ESQ Street Address (P.O. Box Number is Not Acceptable) 15 SE 9 AVE FORT LAUDERDALE, FL 33301 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) Filing Fee is \$50.00 Make check payable to Due by September 6, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. **MGRM** ☐ Addition TITLE ☐ Delete TITLE PAGUNI, SEBASTIAN NAME STREET ADDRESS 9136 GULF SHORE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34108 **MGRM** ☐ Delete MGRM ☐ Additior TITLE TITLE Cantatore, Frank CANTATORE, FRANK NAME NAME 9136 GULF SHORE DR STREET ADDRESS STREET ADDRESS 8 mestmorelan NAPLES, FL 34108 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TIT1 F TITLE ☐ Delete NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes. indicated on this report is true and accur-limited liability company or the receive of

SIGNATURE: SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED