2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jun 24, 2008 8:00 am Secretary of State **DOCUMENT # L05000067980** 1. Entity Name 05-21-2008 90204 029 ***138.75 FIRST AVENUE EXECUTIVES, LLC Mailing Address Principal Place of Business 14 SW 1ST AVENUE 14 SW 1ST AVENUE JUUUUVI * OCALA, FL 34471 OCALA, FL 34471 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232008 CR2E083 (12/06) Cha-LLC 4. FEI Number Applied For City & State City & State Not Applicable 20-3127610 Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PORTER, MICHAEL T. Street Address (P.O. Box Number is Not Acceptable) 14 SW 1ST AVENUE OCALA: FL 34471 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 Signature, typed or printed revine of regreered agent and title if acceptable. DATE (NOTE: Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Change TITLE ☐ Addition TITLE □ Defete NAME PORTER, MICHAEL T NAME STREET ADDRESS 14 SW 1ST AVENUE STREET ADDRESS CITY-ST-70P CITY-ST-7/P OCALA, FL 34471 Change ■ Addition TILE Ociete IIILE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-79 CITY-ST-22P ☐ Addition ☐ Change TITLE October NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-20P ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7P Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-20P CTTY-ST-71P Addition Change ☐ Delete TITLE MILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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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.