2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 11, 2007 8:00 am Secretary of State

04-09-2007 90344 018 ****50.00 **DOCUMENT # L05000070089** COMPOUND GROUP, LLC 30007391 Principal Place of Business Mailing Address 9062 NAVARRE PARKWAY 9062 NAVARRE PARKWAY NAVARRE, FL 32566 NAVARRE, FL 32566 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-3164837 Not Applicable Zip Country Zip. Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PERRI, DANIEL C Street Address (P.O. Box Number is Not Acceptable) 4 ELEVENTH AVENUE, SUITE ONE SHALIMAR, FL 32579 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 SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. (NOTE Registered Agent signature required when rainstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR Change ☐ Addition TITLE TITLE ☐ Delete WHITESIDE, WILLIAM J NAME 9062 NAVARRE PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAVARRE, FL 32566 CITY-ST-7IP MBR SECRETARY DUBE, KATHERINE 9062 NAUARRE PKWY TITLE ☐ Delete TITLE Addition NAME STREET ADORESS STREET ADDRESS 32566 CITY-ST-ZIP CUTY-ST-7IP NAVARRE, FL ☐ Delete TITLE ☐ Change ■ Addition MILE 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-7IP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TY MAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ATTACHMENT

L050000 70089 ARTICLE VI CAPITAL

The capital of the limited liability company that will be contributed shall be the sum of One Thousand Dollars (\$1,000.00).

ARTICLE VII MANAGEMENT

The name and address of the manager of the limited liability company is as follows:

William J. Whiteside 9062 Navarre Parkway Navarre, Florida 32566

Management shall be by all persons or authorized representatives thereof above named, with majority vote controlling.

ARTICLE VIII INITIAL MEMBERS

The names and addresses of the initial members of this limited liability company are as follows:

William J. Whiteside 9062 Navarre Parkway Navarre, Florida 32566 Katherine Dube 9062 Navarre Parkway Navarre, Florida 32566

ARTICLE IX ADDITIONAL MEMBERS

The members of the limited liability company shall have the right to admit additional members upon unanimous written consent of all the members of the company existing at that time.

ARTICLE X DISSOLUTION

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of any member of this limited liability company or the occurrence of any other event which terminates the continued membership of a member of the limited liability company, the limited liability company shall be terminated unless the business is continued by the consent of all remaining members.