2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 01, 2007 8:00 am Secretary of State **DOCUMENT #L05000070714** 05-01-2007 90323 045 ****50.00 1. Entity Name RAINBOW BEND LLC Mailing Address Principal Place of Business 60046930 11500 OVERSEAS HIGHWAY 11500 OVERSEAS HIGHWAY MARATHON, FL 33050 MARATHON, FL 33050 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 04272007 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zio Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLEMAN, JERRY ESQ. Street Address (P.O. Box Number is Not Acceptable) JERRY COLEMAN, P.L. 201 FRONT STREET, SUITE 203 KEY WEST, FL 33040-8347 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 Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Chanoe ☐ Addition TITLE TITLE Delete 🖳 D'ASIGN GROUP, INC NAME NAME STREET ADDRESS 11500 OVERSEAS HIGHWAY STREET ADDRESS MARATHON, FL 33050 CITY-ST-ZIP CITY-ST-ZIP TITLE MGR Delete Change Addition D'ASCANIO, FRANCO NAME NAME 11500 OVERSEAS HIGHWAY STREET ADDRESS STREET ADDRESS MARATHON, FL 33050 CITY-ST-ZIP CITY-ST-ZIP MGR ☐ Change ☐ Addition TITLE Delete TITLE D'ASCANIO, ANTHONY NAME NAME STREET ADDRESS 11500 OVERSEAS HIGHWAY STREET ADDRESS CITY-ST-ZIP MARATHON, FL 33050 CITY-ST-ZIP Change ☐ Addition MGR Delete TITLE III) F D'ASCANIO, AMEDEO NAME NAME STREET ADDRESS 11500 OVERSEAS HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARATHON, FL 33050 ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ANT HOWY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED