2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 18, 2007 8:00 am Secretary of State DOCUMENT # L05000087326 04-18-2007 90037 001 ****50.00 RICK H. PROPERTIES, LLC Principal Place of Business Mailing Address Ellizozo. 13847 SW 41ST STREET 13847 SW 41ST STREET DAVIE, FL 33330 **DAVIE, FL 33330** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132007 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. EEI Number 20-3415255 Not Applicable Zip Country 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 Name PERRY, RICHARD Street Address (P.O. Box Number is Not Acceptable) **13847 SW 41ST STREET** DAVIE, FL 33330 1 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 DATE Make check payable to Filing Feø is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Delete ☐ Change ☐ Addition TITLE TITLE NAME PERRY, RICHARD NAME 13847 SW 41ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33330** CITY-ST-ZIP □ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST. 7IP CITY-S1-7IP Delete Change ☐ Addition TITLE TITI F NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+S1-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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 membe limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED