2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 16, 2007 8:00 am Secretary of State **DOCUMENT # L05000095912** 04-16-2007 90344 012 ****55.00 1. Entity Name ROOF DECKS LLC Principal Place of Business Mailing Address 60036815 1514 BERNITA ST 1514 BERNITA ST JACKSONVILLE, FL 32211 JACKSONVILLE, FL 32211 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072007 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number 65-1258808 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 BARBER, JOHN WIII Street Address (P.O. Box Number is Not Acceptable) 1514 BERNITA ST JACKSONVILLE, FL 32211 City Zip Code 8. The above named entity subany 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 obligation SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Fiorida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR TITLE ☐ Delete TITLE Change ☐ Addition BARBER, JOHN W III NAME NAME 1514 BERNITA ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32211 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE Delete THE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mu ☐ Delete TILLE ☐ Change ☐ Addition 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 SIGNATURE: OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dete Daytime Phone

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