2007 LIMITED LIABILITY COMPANY

Mar 02, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L05000097828 03-02-2007 90186 036 ****50.00 ARD HOLDINGS, LLC Principal Place of Business Mailing Address PUNEDATA 6751 NORTH FEDERAL HIGHWAY C/O ANGELA DOWNEY SUITE 300 601 S FEDERAL HWY #300 BOCA RATON, FL 33432 US BOCA RATON, FL 33487 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6751 N. FEDERAL HWY. Suite, Apt. #, etc. SUITE 300 Suite, Apt. #, etc. 02272007 Chg-LLC CR2E083 (12/06) City & State Applied For City & State FEI Number 20-8272692 NOT-APPLICABLE 4. FEI Number BOCA RATON, FLNot Applicable Country Zip \$5.00 Additional 5. Certificate of Status Desired 33487 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Same DOWNEY, ANGELA M Street Address (P.O. Box Number is Not Acceptable) 6751 N. FEDERAL HWY. 601 S. FEDERAL HIGHWAY SUITE 300 BOCA RATON, FL 33432 SUITE 300 BOCA RATON 33487 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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ¥- 1 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM Change ☐ Addition TITLE ☐ Delete TITLE NAME DOWNEY, ANGELA NAME #300 6751 N. Federal Hwy., STREET ADDRESS STREET ADDRESS '601 S FEDERAL HWY #300 33487 Boca Raton, FL CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TIRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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.

HNGELA

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

Downer-

FILED