2007 LIMITED LIABILITY COMPANY

Jan 25, 2007 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # L05000099804** 01-25-2007 90087 046 ****50.00 DIRÓN CONSTRUCTION, LLC Principal Place of Business Mailing Address 12 AMARYLLIS DR 12 AMARYLLIS DR KEY WEST, FL 33040 KEY WEST, FL 33040 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232007 CR2E083 (12/06) 22934 22934 LookdownLane 4. FEI Number Applied For 33-1124173 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired__ 33042 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WAMPLER, RONALD W Street Address (P.O. Box Number is Not Acceptable) 12 AMARYLLIS DR KEY WEST, FL 33040 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) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR Change TITLE TITLE ☐ Addition ☐ Delete WAMPLER, RONALD W NAME NAME 22934 Lookdown Lane STREET ADDRESS 12 AMARYLLIS DR STREET ADDRESS CITY-ST-7IP KEY WEST, FL 33040 CITY-ST-ZIP MGR ☐ Addition ☐ Detete TITLE TITLE SILVIA, DIANE E NAME NAME 22934 Lookdown Lane Cudjoekey, FL 33042 12 AMARYLLIS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY WEST, FL 33040 CITY-ST-ZIP ___ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME

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.

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE: Dean E. Silvea SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

STREET ADDRESS CITY-ST-7/P

CITY-ST-ZIP

TITLE NAME

☐ Change

■ Addition

FILED