2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Apr 28, 2008 8:00 am Secretary of State DOCUMENT # L05000100217 1. Entity Name 900 VP LLC 04-28-2008 90030 049 ***143.75 Principal Place of Business Mailing Address 2700 GLADES CIRCLE 318 INDIAN TRACE, #307 SUITE 111 WESTON, FL 33326 WESTON, FL 33327 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2019 Haibol view Circle Suite, Apt. #, etc. Suite, Apt. #, etc. 04242008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number City & State Applied For Weston . FL 20-3651590 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 33327 Broward. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NATHAN, RANDY JESQ Street Address (P.O. Box Number is Not Acceptable) 7805 SW 6TH COURT PLANTATION, FL 33324 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 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES **MGRM** TITLE Delete TITLE ☐ Change ☐ Addition NAME FEMA GROUP, INC. NAME STREET ADDRESS 2700 GLADES CIRCLE SUITE 111 STREET ADDRESS CITY-ST-7IP WESTON, FL 33327 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME **BUILDING GROUP CORPORATION** NAME 2035 QUAIL ROOST DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON, FL 33327 CITY-ST-ZIP MGRM TITLE Delete TITLE ☐ Change ☐ Addition NAME ADVANCED AMERICAN INVESTMENT LLC NAME STREET ADDRESS 1101 E COMMERCIAL BLVD STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33334 CITY-ST-ZIP MGRM TITLE Delete TITLE ☐ Change ☐ Addition **AZIMUTH CONSTRUCTION** NAME STREET ADDRESS 2700 GLADES CIRCLE STE 777 STREET ADDRESS CITY-ST-ZIP WESTON, FL 33327 CITY-ST-71P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition 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. 04-24-08

GO MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED