2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Apr 06, 2007 8:00 am Secretary of State 04-06-2007 90228 008 ****50.00 DOCUMENT # L05000113269 500/504 SEA DUNE LANE, L.L.C. 60032793 Principal Place of Business Mailing Address 784 U.S. HWY. ONE, SUITE 7 784 U.S. HWY, ONE, SUITE 7 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 2. Principal Place of Business - No P.O. Box # 15280 Parmusos Lo. 3. Mailing Address 15280 PALALWOOD LD Suite, Apt. #, etc. Suite, Apt. #, etc. 03162007 Chq-LLC CR2E083 (12/06) City & State PALM BEACH GALDEUS City & State 4. FEI Number Applied For PAIN BEACH GARDENS 20-3841321 Not Applicable Zip \$5.00 Additional 5. Certificate of Status Desired 33410 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZANE, JEFFREY P Street Address (P.O. Box Number is Not Acceptable) 4800 RIVERSIDE DRIVE, SUITE 101 PALM BEACH GARDENS, FL 33410 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 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE Change Change Addition HENSARLING, RONALD L NAME NAME 2050 S. A1A, UNITZ 784 U.S. HWY. ONE, SUITE 7 STREET ADDRESS STREET ADDRESS FL 33477 CITY-ST-ZIP NORTH PALM BEACH, FL 33408 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE Change Change ☐ Addition AJMO, JAY LOUIS NAME NAME 15280 PALMWOOD RD. STREET ADDRESS 784 U.S. HWY. ONE, SUITE 7 STREET ADDRESS BEACH GALDEUS FL 33410 NORTH PALM BEACH, FL 33408 CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY+ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition 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 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.

IGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #/L05000113	269			ATTACI	la action	-
Principal Place of Business Mailing Address				ATTACHMENT		
784 U.S. HWY. ONE, SUITE 7 NORTH PALM BEACH, FL 33408	784 U.S. HWY. ONE, SUITE 7 NORTH PALM BEACH, FL 33408			60032793		
2. Principal Place of Business - No P.O. Box # 15280 Parmwood Ko.	3. Mailing Address 15280 Palawood Lo					were ever
Suite, Apt. #, etc.	Suite, Apt. #, etc.			62007 Chg-LLC	CR2E083	
City & State PALM BEACH GALDEUS, FL Zip Country	City & State Passin Beach G Zip	Country	_	Number 0-3841321		Applied For Not Applicable
33410	33410	Country	5. C	ertificate of Status Desired		5.00 Additional ee Required
6. Name and Address of Current	Registered Agent	Name	7. N	ame and Address of New F	Registered Ag	ent
ZANE, JEFFREY P 4800 RIVERSIDE DRIVE, SUITE 101 PALM BEACH GARDENS, FL 33410		·	ddress (P.O. Bo	ox Number is Not Acceptabl	e) FL	Zip Code
8. The above named entity submits this statement for the outgood 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				I	ke check pay a Departmen	
9. MANAGING MEMBE	ERS/MANAGERS Delete	10.		ADDITIONS	/CHANGES	☑ Change ☐ Addition
NAME HENSARLING, RONALD L STREET ADDRESS 784 U.S. HWY. ONE, SUITE 7 CITY-S1-ZIP NORTH PALM BEACH, FL 3341		NAME STREET ADDRESS CITY-ST-ZIP	2050	S. 111, U EL, FL 33	27110	ag orderige
TITLE MGR NAME AJMO, JAY LOUIS STREET ADDRESS 784 U.S. HWY. ONE, SUITE 7 CITY-ST-ZIP NORTH PALM BEACH, FL 3341	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	15280	D PALMWOOD BBACH GALD	Lo.	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	C} Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Defel¢	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change ☐ Addition
I hereby certify that the information supplied wit indicated on this report is true and accurate an limited liability company or the receiver or truster.	d that my signature shall have	the same legal effe	ct as if made u	nder oath; that I am a mana	further certify t aging member	hat the information or manager of the
SIGNATURE:	OF SIGNING MANAGING MEMBER, MA	ANAGER, OR AUTHORIZE	D REPRESENTATIVE	3/28/07 Date	5 7 /	· 332-5 600