FILED Jun 25, 2007 8:00 am Secretary of State 06-25-2007 90115 033 ****50.00

2007 LIMITED LIABILITY COMPANY

| | | ANNUAL | | | , ——— | | | | | |
|--|---------------------------------------|---|--------------------------------|----------------|--|---|-------------------------------|-------------|---------------------------|---------------|
| DOCUMENT # L05000117439 1. Entity Name COURTHOUSE TOWER, LLC | | | | | | | | | | |
| Principal Plac | e of Rusines | | Mailing Address | | | 1 | 4012176 | .2 . | | |
| 55 % EASTWOOD CIRCLE 55 % EASTWOOD CIRCLE | | | | | | | darario | - | | |
| GARDNER, MA 01440 GARDNER, MA 01440 | | | | | | | | | | |
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| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | | | |
| | | | | | | | 12:E1 E1:11 651:11 4611: EE15 | (): | 61868 1144 18 | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 06202007 | Chg-LLC | CR2E0 | 83 (12/06) | |
| City & Stat | le | | City & State | | | 4. FEI Number | | | Ac | plied For |
| | | | | | | 20-4237 | 7014 | | | ot Applicable |
| Ziρ | Zip Country | | Zip Coun | | ntry | 5. Certificate of Status Desired \$5.00 Addition Fee Required | | | | |
| | 6. Name and Address of Current | | Registered Agent | nistored Anent | | 7 Name and | Address of New Re | | | <u> </u> |
| | <u> </u> | and Address of Californ | Nogistal du Agent | | Name | r. waite and r | - Caross of New Inc | gistered | -gent | |
| BERT R. OLIVER, P.A. | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 2060 N.W. BOCA RATON BLVD. SUITE 6 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| BOCA RATON, FL 33431 | | | | | | | | | | |
| | | | | | City | | | FL | Zip Cod | e |
| 8. The above | named entit | y submits this statement for | the purpose of changing its | s register | red office or register | ed agent, or both | n, in the State of Flor | | amiliar with, | and accept |
| | tions of regis | | | 5 . | | | | | | |
| SIGNATURE . | | | | | | | | _ | | |
| _ | Signature, lyped | or printed name of registered agent a | ind little if applicable. (NOT | TE. Register | ed Agent Signature required | (gnifs) men reins | | DATE | | |
| Filing Fee is \$50.00 Due by September 14, 2007 | | | | | | | | - | ayable to ent of State | e |
| 9. | - - | MANAGING MEMBER | RS/MANAGERS | 10. | | , ! | ADDITIONS/ | CHANGES | | |
| TITLE | MGRM Delete Tift | | | | LE | | | | Change | Addition |
| NAME | ROUISSE, SCOTT CHRISTOPHEL BLAMLE STR | | | | } | | | | | |
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| NAME | | | NAN | | ME | | | | _ , | |
| STREET ADDRESS CITY - ST - ZIP |] | | | | IEET ADDRESS Y-ST-ZIP | | | | | |
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| NAME | | | C) Delete | NA | · I | | | | Change | C) ACCITION |
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| NAME | ĺ | | | NAM | AE . | | | | _ • | _ |
| STREET ADDRESS | | | | | EET ADDRESS | | | | | |
| CITY-ST-ZIP | nadih that th | o information condited with | this files does not quelle to | | Y-ST-ZIP | in Chapter 110 5 | Sorida Statutos 16: | thor cortif | that the infa | rmation |
| indicated | on this repo | e information supplied with rt is true and accurate and t ny or the receiver or trustee | that my signature shall have | the sam | ne legal effect as if m | nade under oath: | that I am a manag | ing membe | er or manage | er of the |
| imited ila | rollity compa | ny or the receiver or trustee | empowered to execute this | richoit 8 | is required by Chap | ici oco, fidhda 3 | tatutos. | | | |
| CICNAT | CLIDE: | Mest Of. | | | | (0)-10 | 9-67 5 | [al 81 | 9.30 | |
| SIGNATURE: 1 JULY 1 JULY 1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DUE Daylow Proces | | | | | | | | | | |