2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L05000120411 03-07-2007 90215 011 ****50.00 1. Entity Name DANCE HEADS FLORIDA, L.L.C. Principal Place of Business Mailing Address 2201 CANTU COURT, SUITE 106 2201 CANTU COURT, SUITE 106 30003401 SARASOTA, FL 34232 SARASOTA, FL 34232 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112007 Chq-LLC CR2E083 (12/06) 4. FEI Number 20-3980114 City & State City & State Applied For Not Applicable ZΙσ Country 7ю Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENBERG, RONALD Street Address (P.O. Box Number is Not Acceptable) 2201 CANTU COURT, SUITE 106 SARASOTA, FL 34232 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agains and base's applicable (NOTE: Registered Agent signature required when reinstaung) Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MGRM C Octate TITLE ☐ Change ☐ Addition NAME GREENBERG, RONALD NAME STREET ADDRESS 2201 CANTU COURT, SUITE 106 STREET ADDRESS SARASOTA, FL 34232 CITY-ST-ZIP CITY-SI-7P Delete ☐ Chance ☐ Addition NAME STREET ADORESS STREET ADDRESS C11Y-S1-ZP CITY-ST-ZIP TITLE Deteta TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST. 71P TITLE Delete MLE ☐ Chance ☐ Addition 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 MLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C1Y-S1-70 11. I hereby certify that the information supplied with this liling 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.

O MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Mar 27, 2007 8:00 am