2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

arette Steplen

Feb 19, 2007 8:00 am Secretary of State DOCUMENT #L06000001367 02-19-2007 90195 001 ****55.00 COMMON GOAL PROPERTIES, LLC Mailing Address Principal Place of Business OOOTOOO 2960 N.W. 106TH AVENUE 2960 N.W. 106TH AVENUE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 Chg-LLC CR2E083 (12/06) Applied For 4. FEI Number City & State City & State 20-4062787 Not Applicable Zip Country Zip 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 BLODIG, GREGORY J Street Address (P.O. Box Number is Not Acceptable) 100 W. CYPRESS CREEK ROAD, SUITE 700 FORT LAUDERDALE, FL 33309 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or privated name of registered agent and title if applicable. (NOTE: Registered Agent signature required when revisibing) 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 Detete IIILE ☐ Change ■ Addition STEPHENSON, JANETTE NAME NAME STREET ADDRESS 2960 N.W. 106TH AVENUE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-7IP MGR / TITLE Delete ☐ Change Addition VANDERMOST, DAVID NAME NAME STREET ADDRESS 2960 N.W. 106TH AVENUE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 DIY-ST-ZP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTALE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. It 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED