2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED DOCUMENT # L06000003597 07 AUG 23 PM 1: 04 1. Entity Name 317 WHITAKER ROAD, LLC SECHETARY OF STATE TALLAHASSEF. FLORIDA Principal Place of Business Mailing Address 18310 SUNSET BLVD. 18310 SUNSET BLVD. REDINGTON SHORES, FL 33708 REDINGTON SHORES, FL 33708 3. Mailing Address 2. Principal Place of Business - No P.O Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 07202007 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State Not Applicable Zip Country Ziu Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ENDAN BRONSTEIN, JOEL D 150 2ND AVE. NORTH, SUITE 1100 ST. PETERSBURG, FL 33701 WEEKT WACHE E or registered agent, or both, in the State of Florida. I am familiar with, 8. The above named entity submits this statement for the purpose of changing its rethe obligations of registered agent (NOTE: Registered Agent signature required whon reinstating DATE Make check payable to. Filing Fee is \$50.00 Due by September 14, 2007 Florida Department of State BKMANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. ние Addition HILE Change Managing Member Delete NAME NAME Christine J. Norton 800108708248 STREET ADDRESS STREET ADDRESS 18310 Sunset Blvd. 08/28/07--01038--002 **50.00 CITY-ST-ZIP CITY-SI-ZIP Redington Shores, FL TITLE TITLE Change Addition Managing Member NAME HAME Brendan J. Norton 18310 Sunset Blvd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Redington Shores, FL 33708 Managing Member Fergus F. Norton 18310 Sunset Blvd. TITLE Defete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Redington Shores, FL 33708 CITY-ST-ZIP Defete TITLE TATLE Change Addition NAME NAME STREET ADDRESS STILET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-789 I hereby certify that the information supplied with this filling 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 samplegal effect as it made under oath; that I am a managing member or manager of the limited liability company or the receiver or truetes empowered to execute this perfort as required by Chapter 608, Florida Statutes. SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone