2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Mar 12, 2008 8:00 am Secretary of State DOCUMENT # L06000009669 1. Entity Name 03-12-2008 90239 025 ***138.75 WILLIAM HONG ENTERPRISES, LLC Principal Place of Business Mailing Address 8531 EGRET LAKE LANE WEST PALM BEACH FL 33412 8531 EGRET LAKE LANE WEST PALM BEACH FL 33412 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/07) 1st MOORE Applied For City & State City & State 4. FEI Number 20-4190698 Not Applicable Zip Country 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 Nillia m HONG OH, KYU T Street Address (P.O. Box Number is Not Acceptable) 12890 TOUCHSTONE PLACE WEST PALM BEACH FL 3348 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. or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) CATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. ☐ Change ☐ Addition MGR ☐ Delete TITLE TITLE HONG, WILLIAM S HAME NAME 8531 EGRET LAKES LANE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP WEST PALM BEACH FL 33412 CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition THILE NAME NAME STREET ADDRESS STREET ADDRESS OTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TOTLE ☐ Delete MAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delate TITLE Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

William S HONG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED