2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 26, 2007 8:00 am Secretary of State **DOCUMENT # L06000013433** 04-26-2007 90033 007 ****50.00 THRÉE FOUNTAINS, L.L.C. Principal Place of Business Mailing Address 3701 WEBBER STREET 5652 MARQUESAS CIRCLE 60041144 SARASOTA, FL 34232 SARASOTA, FL 34233 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 330 S. OPANGE Suite, Apt. #, etc. 04242007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For ARASOSAI 20-4301268 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П SARASOTA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIRTLEY, WILLIAM T Street Address (P.O. Box Number is Not Acceptable) 1776 RINGLING BOULEVARD SARASOTA, FL 34236 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 Florida. I am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE ☐ Delete TFTLE ☐ Change ☐ Addition ELITE PROGRAM SERVICES, INC. NAME NAME STREET ADDRESS 5652 MARQUESAS CIRCLE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change Addition BBB DEVELOPMENT, LLC NAME NAME STREET ADDRESS 2250 GENOA BUSINESS PARK DRIVE, SUITE 100 STREET ADDRESS CITY-ST-ZIP BRIGHTON, MI 48114 CITY-ST-ZIP MGRM TITLE □ Delete TITLE ☐ Change ■ Addition **CURTIS FLORIDA - CONVERSIONS, LLC** NAME NAME STREET ADDRESS 29992 NORTHWESTERN HWY., BUILDING A STREET ADDRESS CITY-ST-7JP FARMINGTON HILLS, MI 48334 CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED