2007 LIMITED LIABILITY COMPANY

FILED May 01, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L06000023540 05-01-2007 90333 041 ****50.00 ANNALEY CAWLEY, LLC Mailing Address Principal Place of Business **4017 CHURCH CREEK POINT** C/O JOHANNA E. SNIBBE 521 FIFTH AVE., SUITE 1725 LARGO, FL 33774 US NEW YORK, NY 10175 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 04302007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Ziρ 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 LARSON, GLORIA M ? 14361B HARBOUR LINKS COURT Street Address (P.O. Box Number is Not Acceptable) FT. MYERS, FL 33908 City Zip Code 8. The above named entity submits this statement for urpose 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 ages SIGNATURE Signature, typeol of (NOTE: Registered Agent signature required when reinstating) 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. MGRM TITLE □ Delete TITLE ☐ Change ■ Addition SNIBBE, ROBERT M III NAME NAME STREET ADDRESS **4017 CHURCH CREEK POINT** STREET ADDRESS CITY-ST-ZIP LARGO, FL 33774 CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change ■ Addition NAME 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 TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition

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 companyor the receiver of trustee antiowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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

☐ Delete

☐ Change

☐ Addition