2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jan 18, 2007 8:00 am **Secretary of State DOCUMENT # L06000025384** 01-18-2007 90079 023 ****55.00 1. Entity Name FEJARO, LLC Mailing Address Principal Place of Business 2623 SOUTH SEACREST BOULEVARD 2623 SOUTH SEACREST BOULEVARD SUITE 216 SUITE 216 **BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL 33435** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address above Same Suite, Apt. #, etc. Same as along Suite, Apt. #, etc. 01122007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 204725685 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREGORY L. DENES, P.A. Street Address (P.O. Box Number is Not Acceptable) 14255 U.S. HIGHWAY ONE **SUITE 243** JUNO BEACH, FL 33408 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 d 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 145 Dellange TITLE TITLE ☐ Addition ☐ Delete **BRITO, ROGELIO** NAME NAME 2623 SOUTH SEACREST BOULEVARD, SUITE 216 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH, FL 33435 MGRM Change TITLE Delete TITLE ☐ Addition YJAC YBOAH, ALIV NAME VILLA, JACY NAME STHEET ADDRESS 2623 SOUTH SEACREST BOULEVARD, SUITE 216 STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33435 CITY-ST-ZIP A Change MGRM TITLE ☐ Delete TITLE ☐ Addition RODRIGUEZ-PINERO, FELIX NAME NAME STREET ADDRESS 2623 SOUTH SEACREST BOULEVARD, SUITE 216 STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33435 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Detete 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

561-742-0465

Daytime Phone #

01-13-2007