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2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 09, 2007 8:00 am Secretary of State 05-09-2007 90026 037 ****50.00 **DOCUMENT # L06000025773** 1. Entity Name EVE DEVELOPMENT, LLC Principal Place of Business Mailing Address 61 WEST COLONIAL DRIVE 61 WEST COLONIAL DRIVE 60050014 ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. # etc. Suite, Apt. #, etc. 03192007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 20-4473922 Not Applicable Zio Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHOEMAKER, JOHN B' 61 WEST COLONIAL DRIVE Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32801 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. **XX**ddition TITLE ☐ Delete TITLE ☐ Change KODSI, ALBERT 61 W. COLONIAL DRIVE NAME NAME STREET ADDRESS STREET ADDRESS ORLANDO, FLORIDA 32801 CITY-ST-ZIP CITY-ST-ZIP Addition Delete ☐ Change TITLE TITLE ŠHOEMAKER, JOHN B 61 W. COLONIAL DRIVE ORLANDO, FLORIDA 32801 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COHEN, ODED 61 W. COLONIAL DRIVE Change XIX Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS ORLANDO, FLORIDA 32801 CITY-ST-ZIP CITY-ST-ZIP ☐ Change XX Addition TITLE ☐ Delete TITLE KODSI, STEVE 61 W. COLONIAL DRIVE NAME NAME STREET ADDRESS STREET ADDRESS ORLANDO, FLORIDA 32801 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions obtained 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.

ODED COHEN

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

4/1/07

407-294-7931

Daytime Phone #

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