2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 03, 2007 8:00 am Secretary of State DOCUMENT # L06000027095 05-03-2007 90256 003 ****55.00 1. Entity Name URTH, LLC Principal Place of Business Mailing Address 1700 WOODBURY RD. 1700 WOODBURY RD. #1311 #1311 ORLANDO, FL 32828 US ORLANDO, FL 32828 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2965 Grandeville Circle 2965 Grandeville Circle Suite, Apt. #, etc 04232007 CR2E083 (12/06) **#** 319 City & State City & State 4. FEI Number Applied For 70-4558097 Oviedo Oviedo Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 3276<u>5</u> U.S.A. <1.5. A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 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 Make check payable to Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR MGL TITLE ☐ Delete TITLE Addition Ryerson, Alexander RYERSON, ALEXANDER NAME NAME 1325 Northgate Circle #303 STREET ADDRESS 2774 UNIVERSITY ACRES DR. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32817 CITY-ST-7IP Delete Change TITLE TITLE Addition Antonio NAME MOLINA, ANTONIO NAME Molina 2965 Grandeville Circle #319 STREET ADDRESS 1700 WOODBURY RD, #1311 STREET ADDRESS CITY - ST - ZIP ORLANDO, FL 32828 CITY+ST-ZIP oviedo, FL 32765 TITLE ☐ Delete TITLE ☐ 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 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

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. 1 (239) 821-1955 SIGNATURE: Artonio Molina