2007 LIMITED LIABILITY COMPANY

FILED Apr 02, 2007 8:00 am Secretary of State

2007 EIMITED EIADIEITT COMPANT
ANNUAL REPORT

04-02-2007 90432 004 ****50.00 **DOCUMENT # L06000029363** 1. Entity Name
DONCIN REALTY, LLC Principal Place of Business Mailing Address 60030986 3200 N. A1A 3200 N. A1A 610 610 FORT PIERCE, FL 34949 FORT PIERCE, FL 34949 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052007 Chq-LLC CR2E083 (12/06) City & State City & State Applied For Not Applicable Zip 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 JANVRIN, DONALD Street Address (P.O. Box Number is Not Acceptable) 3200 N A1A 610 FORT PIERCE, FL 34949 City Zip Code FΙ 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 Signature, typed or printed name of registered agent and title if applicable (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 Addition Delete TITLE Change NAME JANVRIN, DONALD NAME STREET ADDRESS 3200 N-A1A STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL 34949 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE □ Change ☐ Addition SCOPA, CINDY NAME NAME 3200 N A1A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL 34949 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ 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-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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.

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