2007 LIMITED LIABILITY COMPANY

SIGNATURE:

NATURE AND TYPED OR PRINTE

ANNUAL REPORT

FILED May 07, 2007 8:00 am Secretary of State

DOCUMENT #L06000029901 05-07-2007 90378 007 ****50.00 1. Entry Name AWN-ENG LLC Principal Place of Business Mailing Address 4920 N. DIXIE HWY 4920 N. DIXIE HWY FORT LAUDERDALE, FL 33334 FORT LAUDERDALE, FL 33334 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number Not Applicable Country 7io Country Zio \$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 ROUNDTREE, REX Street Address (P.O. Box Humber is Not Acceptable) 4920 N. DIXIE HWY FORT LAUDERDALE, FL 33334 8. The above named entity submits this statement for the purpose of chalging tered office or registered agent, or both, in the State of Florida. I am fami the obligations of registered agent, 1 Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10 9. MGR TITLE] Change Addition TITLE ROUNDTREE. REX **LAME** STREET ADDRESS STREET ADORESS 4920 N. DIXIE HWY FORT LAUDERDALE, FL 33334 CTTV ST ZEP CITY ST ZIP Change Addition ☐ Delete THE TIRLE HAME LAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CDV ST 78P Addition ☐ Change Tib s TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET AUDRESS CITY ST ZIP CITY ST ZIF TITLE ☐ Change Addition Delete TITLE HAME HAME STREET ADDRESS STREET ADDRESS CHY ST ZIP CITY ST ZIP ☐ Change Addition ☐ Delete TITLE AAA# NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST-ZIP es not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information ature shall have the same legal effect as if made under oath; that I am a managing member or manager of the to execute this report as required by Chapter 608, Florida Statutes. 11. Thereby certify that the information supplied ndicated on this report is true and accura firnited liability company or the receiver of

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE