2007 LIMITED LIABILITY COMPANY

May 02, 2007 8:00 am Secretary of State **ANNUAL REPORT** 05-02-2007 90350 031 ****50.00 **DOCUMENT # L06000031716** KURT FREITER RC - LLC 40098260 Principal Place of Business Mailing Address 1963 10TH AVENUE NORTH 1963 10TH AVENUE NORTH LAKE WORTH, FL 33461 LAKE WORTH, FL 33461 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 34-2066165 Not Applicable Country Zip 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 FREITER, KURT Street Address (P.O. Box Number is Not Acceptable) 1963 10TH AVENUE NORTH LAKE WORTH, FL 33461 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 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR Delete TITL F TITLE ☐ Change ■ Addition FREITER, KURT 1963 10TH AVENUE NORTH STREET ADDRESS STREET ADORESS CITY - ST - ZIP LAKE WORTH, FL 33461 CITY-ST-ZIP ☐ Delete Change ■ Audition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change TITLE ☐ 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 THILE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

KURT FREITER 04-30-07 (561)601-9164 uter SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE