2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 02, 2007 8:00 am Secretary of State DOCUMENT # L06000035380 05-02-2007 90343 023 ****50.00 CROWD PLEASER LIMOS, LLC Principal Place of Business Mailing Address **5306 PINE ROCKLANDS AVENUE** 5306 PINE ROCKLANDS AVENUE LITHIA, FL 33547 LITHIA FL 33547 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt.# 04292007 Chg-LLC CR2E083 (12/06) 4. FEI Number 20 - 4641719 City & State Applied For Not Applicable Zip Country 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 O'CONNOR, PATRICK M ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O O'CONNOR & ASSOCIATES 1250.S. BELCHER ROAD, SUITE 160 LARGO, FL 33771 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 MANAZING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ME MGRM Addition Delete IIII F ☐ Change NUSTICT NAME NAME JUSTIN. STREET ADDRESS STREET ADDRESS ROCKIANDS AVE CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete ☐ 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 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ME ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP LITY-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.

SIGNATURE

FILED