2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L06000039034 01-14-2008 90041 004 ***138.75 1. Entity Name FREÉSTROH, L.L.C. Mailing Address Principal Place of Business 2828 TAMIAMI TRAIL NORTH 2828 TAMIAMI TRAIL NORTH 60001123 NAPLES, FL 34103 NAPLES, FL 34103 2. Principal Place of Business - No P.O. 01102008 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For 20-4694565 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRANT, SCOTT M ESQ. (coeptable) 3337 TAMIAMI TRAIL N. NAPLES, FL 34103 City d 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 8. The above nam the obligations of registered agent SIGNATURE FILE NOW!!!" FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM TITLE MGRM d Change ☐ Delete ☐ Addition FREEMAN, RONALD NAME NAME EEDMA STREET ADDRESS 2828 TAMIAMI TRAIL NORTH STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE .☑ Change ☐ Addition STROHMEYER, JON NAME NAME strohmener i 2828 TAMIAMI TRAIL NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete 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 TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this fing 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 try 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 trusted employered to execute this report as required by Chapter 608, Florida Statutes.

JRE: SUA GO STREED MAD STREET AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED Jan 14, 2008 8:00 am

Daytime Phone #