2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jun 25, 2007 8:00 am Secretary of State DOCUMENT # L06000041157 06-25-2007 90115 041 ****50.00 WASSELLE & WASSELLE, LLC Principal Place of Business Mailing Address 40171103 **459 HUNTINGTON PINES DRIVE 459 HUNTINGTON PINES DRIVE** OCOEE, FL 34761 US OCOEE, FL 34761 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06212007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number acNot Applicable \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TOZZI, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 459 HUNTINGTON PINES DRIVE OCOEE, FL 34761 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 September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE Change Addition NAME TOZZI, MICHAEL NAME 459 HUNTINGTON PINES DRIVE STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP OCOEE, FL 34761 CITY-ST-ZIP TITLE □ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change -Addition TITLE TIT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TILE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 ampowered to execute this report as required by Chapter 608, Florida Statutes.

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED