2007 LIMITED LIABILITY COMPANY

Jul 12, 2007 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # L06000047964** 07-12-2007 90008 023 ****50.00 1. Entity Name SIXTEENTH PLACE, LLC 40164100 Principal Place of Business Mailing Address 1550 OLD DIXIE HIGHWAY 1550 OLD DIXIE HIGHWAY VERO BEACH, FL 32960 VERO BEACH, FL 32960 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07022007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zin Country \$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 GARAVAGLIA, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 756 BEACHLAND BOULEVARD VERO BEACH, FL 32963 City Zip Code 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 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10 MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition PAUGH, ROBERT H NAME NAME 4010 - 12TH PLACE, SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32968 CITY-ST-ZIP TIME ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete □ Change ☐ Addition MUE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS PITY_CT_7#P CITY-ST-71P TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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 people or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

FILED