2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

FILED Jul 16, 2007 8:00 am Secretary of State

07-16-2007 90039 037 ****50.00

Date

DOCUMENT # L06000056151 THE HIDEAWAY, L.L.C. Principal Place of Business Mailing Address 60022214 960 SPRING ST. 2022 NE 18TH ST. FT. LAUDERDALE, FL 33305 ATLANTA, GA 30309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Actq. d Fin. Ser Suite, Apt. #, etc. ast Silver sorings Blue 1,07102007 Chg-LLC CR2E083 (12/06) City & State Applied For "ocala Florida policy for see allocated Not Applicable Country Zip \$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 TRANTALIS, DEAN J ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 2255 WILTON DR. WILTON MANORS, FL 33305 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) DATE Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Addition TITLE ☐ Delete ☐ Change THUNDERFLOWER, L.L.C. NAME STREET ADDRESS STREET ADDRESS 2022 NE 18TH ST. FT. LAUDERDALE, FL 33305 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete 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 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-7IP 11. Thereby 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 AND THE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Issued EIN

ATTACHMENT

60052514

Page 1 of 1

Internal Revenue Service
DEPARTMENT OF THE TREASURY

The L06000656/5)
Daily

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

26-0504675

Today's Date is: July 11, 2007 GMT

You will receive a confirmation letter in U.S. mail within fifteen days. The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

Review and Print Rom SS-4

Click <u>here</u> to return to the Internet Employer Identification Number landing (start) page.