2007 LIMITED LIABILITY COMPANY

Jan 12, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L06000061241** 01-12-2007 90031 004 ****50.00 1. Entity Name EH&S MANAGEMENT ASSOCIATES, LLC Mailing Address Principal Place of Business 3460 RIVIERA LAKES COURT 3460 RIVIERA LAKES COURT BONITA SPRINGS, FL 34134 **BONITA SPRINGS, FL 34134** US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLASP, INC. Street Address (P.O. Box Number is Not Acceptable) 3001 TAMIAMI TRAIL, N. 4TH FLOOR NAPLES, FL 34403 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 (NOTE: Registered Agent signature required when reinstating) Filing Pee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES 9. TITLE MGR-Delete TITLE Change ☐ Addition SMITH, CORNELIUS C JR NAME NAME 3460 RIVIERA LAKES COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BONITA SPRINGS, FL 34134 ☐ Change ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 receiver or trustee empowered to expect this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

IATURE AND TYPED OR PRINTED NAME OF RIGHT IG MANAGING MEMBER, MAÑAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

FILED