2007 LIMITED LIABILITY COMPANY

SIGNATURE

Apr 13, 2007 8:00 am Secretary of State **ANNUAL REPORT** 04-02-2007 90437 022 ****50.00 **DOCUMENT # L06000067166 BRADY WALLACE, LLC** Mailing Address Principal Place of Business 27000 SW WARFIELD BOULEVARD POST OFFICE BOX 536 INDIANTOWN, FL 34956 US OKEECHOBEE,, FL 34973 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 03272007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 5<u>6</u> Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRA-MAR ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 27000 SW WARFIELD BOULEVARD INDIANTOWN, FL 34956 City Zio 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, typed or printed name of registered agent and title if apparable. DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ☐ Change ☐ Addition ITILE ☐ Delete TITLE FRA-MAR ENTERPRISES, INC. NAME 27000 SW WARFIELD BOULEVARD STREET ADDRESS STREET ADDRESS INDIANTOWN, FL. 34986 CITY-ST-ZP CITY-ST-7P MGRM ☐ Addition TITLE ☐ Detete TITLE Chance KJB PROPERTIES, LLC MAKE NUME STREET ADDRESS 6705 WOODBINE WAY STREET ADDRESS CIY-ST-ZP CITY-ST-7P PALM CITY, FL 34990 TITLE ☐ Change ☐ Addition ☐ Delete TITE F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Detete TITLE ☐ Change ☐ Addition IME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-57-21P Defete TITLE ☐ Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZYP CITY-ST-ZIP ☐ Addition TITLE ☐ Detete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. 1 hereby certify that the information supplied with this filling 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 receiving or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATI

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