`2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-01-2007 90326 011 ****50.00 DOCUMENT # L06000067562 TIGER BAY DEVELOPMENT OF BREVARD, LLC Principal Place of Business Mailing Address 6500 N. ATLANTIC AVENUE 6500 N. ATLANTIC AVENUE CAPE CANAVERAL, FL 32920 CAPE CANAVERAL, FL 32920 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04302007 CR2E083 (12/08) City & State City & State Applied For 4. FEI Number 516221 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 س دد∈ REENE PICKLES, TIMOTHY F ESQ. 3490 N. U.S. HIGHWAY 1 COCOA, FL 32926 CANAVERAL 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 the obligations of registered agent. SIGNATURE Signaura, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remasting) DATE Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9, 10. MCRM TITLE Oelete TITLE ☐ Change ☐ Addition **GREENE INTERNATIONAL DEVELOPMENT CORP** NAME NAME STREET ADDRESS 6500 N. ATLANTIC AVENUE, SUITE C STREET ADORESS CITY-ST-ZIP CAPE CANAVERAL, FL 32920 CITY-ST-ZIP TITLE ☐ Delete me ☐ Change Addition MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY. ST. 79 IIILE ☐ De lete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing dres 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 received or trustee empowered to execute this report as required by Chapter 608. Florida Statutes. JANICE M. GREENE SIGNATURE:

FILED

May 29, 2007 8:00 am Secretary of State