04/29/2008 08:08 FAX 314 514 0999   DAVIS KELLER & WIGGINS

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90029 025 ***138.75

DOCUMENT # L06000068936

1. Entity Name
CORVAIA PROPERTIES, LLC

Principal Place of Business	Mailing Address
2529 DAY LILY PLACE NAPLES, FL 34105 US	2529 DAY LILY PLACE NAPLES, FL 34105 US

bUU30760

04212008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
42 RHAPSODY BEND		42 RHAPSODY BEND	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: THE WOODLANDS, TX		City & State: THE WOODLANDS, TX	
Zip: 77382	Country: US	Zip: 77382	Country: US

4. FEI Number: 20-5188953 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MICHETTI, MICHAEL L ESQ.
9010 STRADA STELL COURT
SUITE 105
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORVAIA, STEPHEN T SR 2529 DAY LILY PLACE NAPLES, FL 34105	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 42 RHAPSODY BEND THE WOODLANDS, TX 77382
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORVAIA, STEPHEN T JR 74 SOUTH SEASONS TRACE WOODLANDS, TX 77382	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Stephen T Corvaia, Sr. 4/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #