2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 16, 2007 8:00 am Secretary of State **DOCUMENT # L06000078962** 04-16-2007 90357 037 ****50.00 PRO-STAR REALTY, LLC Principal Place of Business Mailing Address 5956 TURKEY LAKE ROAD , SUITE 1 5956 TURKEY LAKE ROAD, SUITE 1 40064274 ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-5375407 Not Applicable Zip Country Country \$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 Name RODGERS, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 301 E. PINE STREET, SUITE 1400 ORLANDO, FL 32801 Zip Code City 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. Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR TITLE TITLE ☐ Delete ☐ Change ☐ Addition RODGERS, PAULA A NAME NAME 5956 TURKEY LAKE ROAD , SUITE ! STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change Change NAME RODGERS, PAULA A NAME STREET ADDRESS 5956 TURKEY LAKE ROAD, SUITE 1 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP റററ TITLE ☐ Delete TITLE ☐ Change Addition SPINA, MICHAEL A NAME NAME STREET ADDRESS 5956 TURKEY LAKE ROAD, SUITE ! STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP Delete TITLE TITI F Addition ☐ Change HOPEGILL, LANCE C NAME NAME STREET ADDRESS 5956 TURKEY LAKE ROAD, SUITE 1 STREET ADDRESS CłTY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP

11. I 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

Delete

☐ Delete

FILED

☐ Change

☐ Change

Addition

☐ Addition