2007 LIMITED LIABILITY COMPANY

Apr 18, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #L06000080437** 04-18-2007 90034 013 ****50.00 1. Entity Name RFD (US) LLC Principal Place of Business Mailing Address UUUUUN ~ ~ ~ 2889 MCFARLANE ROAD, #1206 2889 MCFARLANE ROAD, #1206 COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02122007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20 - 3819 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 Name ANGELL CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) % EDWARD ANGELL PALMER & DODGE LLP 1 NORTH CLEMATIS ST., SUITE 400 WEST PALM BEACH, FL 33401 City 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) Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. TITLE ☐ Delete TITLE MAN AGER ☐ Change Addition NAME JEFFREY M PARKER NAME 2999 MCFARLANE READ # 1206 STREET ADDRESS STREET ADDRESS CUCCHUT GROVE FL 33133 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE □ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-70P TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 true en appropriate empowered to execute this report as required by Chapter 608, Florida Statutes.

INTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPREBENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OR

FILED

305 873 4533

Daytime Phone #