2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 12, 2007 08:00 AM Secretary of State DOCUMENT # L06000081008 COLANTUONI INVESTMENTS, LLC Principal Place of Business Mailing Address 1851 PORTCASTLE CIRCLE WINTER GARDEN FL 34787 1851 PORTCASTLE CIRCLE WINTER GARDEN FL 34787 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEt Number Applied For 56-2604442 Not Applicable Zip Country Country Zıp \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo COLANTUONI, LUIS Street Address (P.O. Box Number is Not Acceptable) 1851 PORTCASTLE CIRCLE WINTER GARDEN FL 34787 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, typed or printed name of registered agent and tille if applicable. DATE (NOTE, Rea stored Agent skingture required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9, 10. ☐ Change THE BHE Addition MGR ☐ Defele 000000702465 COLANTUONI, LUIS NAME NAME 04/20/07-80099-022 50.00 STREET ADDRESS STREET ADORESS 1851 PORTCASTLE CIRCLE CITY-ST-7IP WINTER GARDEN FL 34787 CHY-ST-702 Change Addition TITLE ☐ Delete TITLE NAMI NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition THIE. ☐ Delete NAME STREET ADORESS STREET ADDRESS CHY-SI-ZIP CHY-S1-7IP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STRUCT ADDRESS CITY-ST-7IP CITY-ST-7/P □ Change ■ Addition 18114 ☐ Delete IIIL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-7P

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 eath; that I am a managing member or manager of the limited liability company or the receiver or trusto empowered to execute this report as required by Chapter 608, Florida Statutos.

LUIS COMANTUONI

STREET ADORESS

CHY-S1-ZE

☐ Delete

SIGNATURE: MATTER SIGNATURE OF BEINHED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11111

NAMI STRUET ADDRESS

CHY-ST-ZE

04/10/07 Date

(407)538-2032

Daytime Phone #

Change

Addition

FILED