.2097 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT (AR) May 09, 2007 8:00 am Secretary of State DOCUMENT # L06000081805 1. Entity Name 05-09-2007 90032 044 ****50 00 ROYAL COUNTY, LLC Principal Place of Business Mailing Address 250 ROYAL PALM WAY, SUITE 300 PALM BEACH FL 33480 250 ROYAL PALM WAY, SUITE 300 ... PALM BEACH FL 33480 2. Principal Place of Business - No P.O. Box # 3. Mailing Address **do**b #_ Suite, Apt. #, etc. Suite, Apt. #, etc. TST MOORE City & State ADDITOX 66: City & State Date: Applied For 20-54 Not Applicable Zip Country Zip 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 LESLIE ROBERT EVANS & ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable) 214 BRAZILIAN AVENUE, SUITE 200 PALM BEACH FL 33480 City Beach 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 (NOTE Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR ☐ Defete THE ☐ Change ■ Addition NAME. 221 RPW, LLC STREET ADDRESS STREET ADDRESS 250 ROYAL PALM WAY CJTY - ST - 7IP PALM BEACH FL 33480 CITY+S1-ZIP TITLE ☐ Delete шп ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- /IP CITY ST ZIP TITLE ☐ Defete BHE ☐ Change Addition NAME NAME STRUCT ADDRESS STREET ADDRESS CITY - ST - 7IF CITY ST ZIP THILE ☐ Defete TITLE ☐ Change ☐ Addition NAMI NAME STREET ADDRESS STRUCT ADDRESS CITY - S1 - ZIE CITY ST ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAMI STREET ADDRESS STRELL ADDRESS CITY - ST - ZIP CITY-ST 7IP THIE TITLE ☐ Delete Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 SIGNATURE AND UPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE

CHY SI-ZIP