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008 LIMITED LIABILITY COMPAI ANNUAL REPORT	NY	Jul 17, 2008 8:00 ar Secretary of State
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07-17-2008 90017 002 DOCUMENT # L06000088241 1. Entity Name
DULUTH I, LLC 60044961 Mailing Address Principal Place of Business 3700 AIRPORT ROAD, #401 3700 AIRPORT ROAD, #401 BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07092008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEL Number **NOT APPLICABLE** Not Applicable Zip Country Country Zip \$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 Vincent J. Altino, Esq. FORMAN, ROBERT S ESQ. Street Address (P.O. Box Number is Not Acceptable)
Forman & Altino, P. A. ROBERT S. FORMAN, P.A. 2101 WEST COMMERCIAL BLVD., SUITE 2800 2101 W. Commercial Blvd., #2800 FT. LAUDERDALE, FL 33309 Fort Lauderdale 8. The above named entity submits this statement for the purgose 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. 7/10/08 many Vincent J. Altino SIGNATURE Signature, typed or printed name of registered ager (NOTE; Registered Agent signature required when reinstating) and title if applicable FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR Change Addition TITLE ☐ Delete TITLE DULUTH I MANAGER, LLC NAME NAME #2800 2101 W. Commercial BLVD STREET ADDRESS 3700 AIRPORT ROAD, #401 STREET ADDRESS FORT LAUDERDALE FL BOCA RATON, FL 33431 CITY-ST-ZIP CITY-SI-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1ITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Detete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with the 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 7/10/08

th ized Representative