2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

Apr 27, 2007 8:00 am Secretary of State **DOCUMENT # L06000105696** 04-27-2007 90035 017 ****50 00 1. Entity Name THE MONIR LLC Principal Place of Business Mailing Address 60042434 1206 EAST RIDGEWOOD STREET 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803 ORLANDO, FL 32803 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied or 3748176 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 BRYANT, CARLA DELOACH Street Address (P.O. Box Number is Not Acceptable) 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803 City Zip Code Fl 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 a cept 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) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE Delete TITLE MGR ☐ Change Addition M Monir, G. 1206 E. Ridgewood Street Orlando, FL 32803 NAME NAME STREET ADDRESS STREET / DORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE MER ☐ Change neitibe4 🔀 NAME NAME Monir, N. 1206 E. Kidgewood Street Orlando, Fl 32803 STREET ADDRESS STREET ADDRESS d CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ A!dition NAME NAME STREET / DORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Audition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ **A**gdition. TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS A0. CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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 inflicated 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 this limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

20 march 2007

407-740-5005

Daytime Phone #