2007 LIMITED LIABILITY COMPANY

SIGNATURE:

Apr 12, 2007 8:00 am Secretary of State **ANNUAL REPORT** 02-19-2007 90194 004 ****50.00 **DOCUMENT #L06000107613** DEEP V INVESTMENTS L.L.C. Principal Place of Business Mailing Address JUUV - -**5230 WEST SAXON CIRCLE 5230 WEST SAXON CIRCLE** SOUTHWEST RANCHES, FL 33331 US SOUTHWEST RANCHES, FL 33331 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILOPOULOS, GREGORY **5230 WEST SAXON CIRCLE** Street Address (P.O. Box Number is Not Acceptable) SOUTHWEST RANCHES, FL 33331 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 bits 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 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MGR TITLE ☐ Delete Change ☐ Addition MILOPOULOS, GREGORY NULE STREET ADDRESS 5230 WEST SAXON CIRCLE STREET ADORESS CIFY-ST-ZIP SOUTHWEST RANCHES, FL 33331 CITY-ST-ZIP IITLE Delete TITLE Change | ☐ Addition NAME HALF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delette titt F Change Addition NAM! 44 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11Th F ☐ Deleta TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZTP 11. Thereby cerbly that the information supplied with this liting does not qualify for the exemptions contained in Chapter 119. Plorida 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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