2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 28, 2008 8:00 am Secretary of State **DOCUMENT # L06000108997** 04-28-2008 90030 045 ***138.75 **BOUNDLESS POTENTIALS, LLC** Principal Place of Business Mailing Address 96 COLUMBIA STREET 96 COLUMBIA STREET 1226400 #6 ORLANDO, FL 32806 ORLANDO, FL 32806 2. Principal Place of Business - No P.O. Box # 427 S. NEW YOLKAVE. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032008 Chg-LLC CR2E083 (12/06) # 103 City & State City & State 4. FEI Number Applied For WINTER PARK FL 20-5868681 Not Applicable 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 SMALLEY & COMPANY, P.L. Street Address (P.O. Box Number is Not Acceptable) 1517 E HILLCREST STREET ORLANDO, FL 32803 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 spine of registered egent and title if applicable. DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM MGRM TITLE ☐ Delete TITI E ELDER, MEGAN C **Change** ☐ Addition KEITH, MEGAN C NAME NAME 427 S. NEW YORK AVE. # 103 STREET ADDRESS 96 COLUMBIA STREET #6 STREET ADDRESS WINTER PARK, FL. 32789 CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby 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 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.

CITY-ST-7IP

SIGNATURE: Mayor C JULY SIGNATURE AND TYPESOR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-7IP

FILED