2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING IN

Apr 27, 2007 8:00 am Secretary of State **DOCUMENT # L06000112414** 04-27-2007 90025 006 ****55.00 ORANGE PARK GALLERY INTERNATIONAL, LLC Principal Place of Business Mailing Address PUU4TA49 6908 ANGEL FARM DRIVE P.O. BOX 10923 ODESSA, FL 33556 TAMPA, FL 33679 3. Mailing Address O. D. Box 2. Principal Place of Business - No P.O. Box # 6908 HNGEL FARM A 10923 Suite, Apt. #, etc. Suite, Apt. #, etc. 04192007 CR2E083 (12/06) City & State 4. FEI Number 35-2237282 City & State Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Ø 33679 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PHULLES GREGIORY PHILLIPS, GREGORY Street Address (P.O. Box Number is Not Acceptable) 6908 ANGEL FARM DRIVE ODESSA, FL 33556 FARM 6908 ANGEL 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 Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Fiorida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TILE ☐ Delete TITLE ☐ Change ■ Addition PHILLIPS, GREGORY NAME NAME STREET ADDRESS 6908 ANGEL FARM DRIVE STREET ADDRESS CITY-ST-ZIP ODESSA, FL 33556 CITY-ST-ZIP MGRM TITLE TILLE ☐ Change ☐ Addition Delete NAME WATSON, BASIL NAME STREET ADDRESS 842 MARTIN FOREST COURT STREET ADDRESS CITY-ST-ZIP LAWRENCEVILLE, GA 30045 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE Addition PHILLIPS, HEATHER NAME NAME Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MLE Change Addition Addition NAME NAME STREET ANYORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition mue Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling 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 stanature 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.

ING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED