2007 LIMITED LIABILITY COMPANY

SIGNATURE:

Apr 18, 2007 8:00 am Secretary of State ANNUAL REPORT 04-18-2007 90034 037 ****50.00 **DOCUMENT # L06000120788** 1. Entity Name 2362 MANGRUM, LLC Principal Place of Business Mailing Address 1665 HONEYBEAR LANE 1665 HONEYBEAR LANE DUNEDIN, FL 34698 DUNEDIN, FL 34698 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 02132007 Chg-LLC CR2E083 (12/06) 4. FEI Number 20 - 808 2107 Applied For City & State City & State Not Applicable Country Zip Country \$5.00 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OCONNOR, PATRICK M ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O O'CONNOR & ASSOCIATES 1250 S. BELCHER ROAD, SUITE 160 LARGO, FL 33771 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 accepta 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE ☐ Delete TITLE Change ☐ Addition Manage Gennato Montesonti NAME NAME STREET ADDRESS STREET ADDRESS 1465 Honey Bear Lane CITY-ST-ZIP CHY-ST-ZIP Dunedin The 39198 Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST. ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Delete TITLE Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CHY-ST ZIP Delete TITLE Change Addition TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this tiling 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.

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

FILED

Davime Phone #

Date