2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State 04-08-2008 90042 046 ***138.75

| 1. Entity Nam | MENT # L0600012 RHOUSE HOLDINGS, LLC | | | | | | | | | |
|--|---|----------------------------------|--|----------------------------|-------------------------------------|-----------------------------|--|-----------------|--|--|
| Principal Place of Business C/O 7000 W. PALMETTO PARK ROAD SUITE 205 BOCA RATON, FL 33433 US 2. Principal Place of Business - No P.O. Box # | | SUITE 205 | C/O 7000 W. PALMETTO PARK ROAD Suite 205 Boca Raton, FL 33433 US | | • . | | 30005813 | | | |
| Suite, Apt. #. etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 01112008 | Chg-LLC | CR2E083 (12/06) | Tabel (19 fålt) | | |
| City & State | | City & State | City & State | | | • | , , | pplied For | | |
| Zip | Country | Zip | Zip Country | | l | 20-816 of Status Desired | \$5.00 Ad | | | |
| | 6. Name and Address of Curre | nt Registered Agent | ــــــــــــــــــــــــــــــــــــــ | 1 | <u> </u> | Address of New R | Fee Require | xd | | |
| Models | STUART RESO | | | Name | | | | | | |
| | STUART R ESQ. ALMETTO PARK ROAD 5 | | Street Address | | (P.O. Box Number is Not Acceptable) | | | | | |
| BOCA RA | TON, FL 33433 | | City | | _ _ | | FL Zp Cod | le | | |
| 8. The above | named entity submits this statemen | for the ourgose of changing its | s register | | ed exect or be | oth in the State of Bo | r _b | | | |
| 8. The above named shifty submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | | |
| SIGNATURE . | Signature, types or printed name of registered ag | ani and title F application (NO) | E: Reger e | C Agent signature required | when remarkating) | | DATE | | | |
| FILE NOWILL FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | | | | | check payable to Department of Stat | | | |
| 9. | MANAGING MEM | BERS/MANAGERS | 10. | | | ADDITIONS/ | CHANGES | | | |
| TITLE | MGR ROGERS, MARK C | ☐ Defete | TITU | - , | | | Change | Addition | | |
| STREET ADDRESS CITY-ST-ZIP | C/O 7000 W. PALMETTO PARK ROAD, SUITE 205 51 | | | EET ADDRESS - ST-ZIP | | | | | | |
| TITLE | MGR | ☐ Delete | TITL | | | , | Change | Addition | | |
| STREET ADDRESS CITY-ST-ZP | C/O 7000 W. PALMETTO PARK ROAD, SUITE 205 | | | EET ADDRESS - ST- ZIP | | | | | | |
| TITLE | | C) Delete | t UU J | | | | Charge | Addition | | |
| STREET ADDRESS CITY-ST-ZIP | | | | E ET ADDRESS -ST-ZIP | | | . | - | | |
| TITLE | | ☐ Deleta | TITU | · 1 | · | | ☐ Change | Addition | | |
| STREET ADDRESS CITY- ST-ZIP | | | | E ET ADORESS -ST-ZIP | | | | | | |
| TITLE | | ☐ Delete | tmu | 1 | | | ☐ Change | ☐ Addition | | |
| STREET ADDRESS CITY-S7-ZIP | | | | E TADORESS : | | | | | | |
| TITLE | | □ Delete | - 1770 | 1 | | | Change | Addition | | |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADORESS -51-ZIP | | | | | | |
| 11. I hereby certify that the information supprised 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 another 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | | | | | | |
| SIGNATURE: ELIZABETH POSES 3/15/08 305 604 0522 | | | | | | | | | | |
| SIGNAL | SIGNATURE AND TYPED OR PRINTED HAM | OF SIGNING MANAGING MEMBER, MA | ULAGER, OF | ALMHOREDED REPRESED | | Date | DEVETO Proce 6 | | | |

2008 LAMITED LIABILITY COMPANY ANNUAL REPORT

4/8/2008-90042-046-\$138.75-\$138.75

| 1. Entity Nar | MENT # L06000122 | 2046 | | ATTA | CHMENT | | | | | | |
|--|---|---|---|---|--|--|--|--|--|--|--|
| C/O 7000 W SUITE 205 | ce of Business 7. Palmetto Park Road N, FL 33433 US | Mailing Address C/O 7000 W. PALMETTO PARK ROAD SUITE 205 BOCA RATON, FL 33433 US | | . 30 | CHMENT 005819 | | | | | | |
| 2. Principal I | Place of Business - No P.O. Box # | 3. Mailing Address | | | | | | | | | |
| Suite, Apt | . #, etc. | Suite, Apt. #, etc. | Suita, Apt. #, etc. | | CR2E083 (12/06) | | | | | | |
| City & Sta | t o | City & State | | 4. FEI Number APPLIED FOR | Applied For Not Applicable | | | | | | |
| Ζip | Country | try Zip Ca | | 5. Certificate of Status Desire | \$5.00 A.J.W. | | | | | | |
| | 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | | | | |
| | STUART R ESQ. PALMETTO PARK ROAD | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| SUITE 20 | | | | | | | | | | | |
| | bountarion, i'e was | | City | | FL Zip Code | | | | | | |
| 8. The above the obligation | 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, hipsel or printed name of registered agen | and the frapplicable. (NO) | E: Registered Agent signature requi | red when retretating) | DATE | | | | | | |
| After Ma | E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.7 | | \ | | iake check payable to ida Department of State | | | | | | |
| 9. | MANAGING MEMBI | | 10. | ADDITIO | NS/CHANGES | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | ROGERS, MARK C | ROAD, SUITE 205 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition | | | | | | |
| TITLE | MGR ROGERS, ELIZABETH L | ☐ Delete | TITLE | | Change Addition | | | | | | |
| STREET ADDRESS City-St-ZIP | C/O 7000 W. PALMETTO PARK ROAD, SUITE 205 STR | | STREET ADDRESS CITY-ST-ZIP | | ~ | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CATY-ST-ZIP | | Change Addition | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZEP | | ☐ Delete | TITLE HAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE HAME STREET ADDRESS CITY-ST-ZIP | _ | ☐ Change ☐ Addition | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-SI-ZP | | ☐ Change ☐ Addition | | | | | | |
| indicated | certify that the information supplied with on this report is true and accurate and bility company or the receiver or truste | that my signature shall have | the same legal effect as if report as required by Char | made under oath; that I am a mar pter 608, Florida Statutes. | further certify that the information aging member or manager of the | | | | | | |
| SIGNATURE: ELIZABETH POSELS 3/15/CB 305. 604. 0522 | | | | | | | | | | | |