2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 21, 2008 08:00 All Secretary of State **DOCUMENT # L06000123183** TEMPE RI MANAGER, LLC Mailing Address Principal Place of Business 9425 HARDING AVENUE 9425 HARDING AVENUE SURFSIDE, FL 33154 SURFSIDE, FL 33154 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-8141419 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FINVARB, RICHARD Street Address (P.O. Box Number is Not Acceptable) 9425 HARDING AVENUE SURFSIDE, FL 33154 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. MGR X Change Addition TITLE TITLE ☐ Delete FINVARE, RICHARD NAME NAME FINVARB, RICHARD 9425 HARDING AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SURFSIDE, FL 33154 CITY+ST-ZIP Change ☐ Addition MGR ☐ Delete TITLE FINVARB, RONALD FINVARE, RONALD NAME NAME STREET ADDRESS 9425 HARDING AVE STREET ADDRESS SURFSIDE, FL 33154 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Defete TITI F NAME NAME U00000910376 STREET ADDRESS STREET ADDRESS 05/06/08-80108-012 138.75 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP Change □ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE

FILED