2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L07000009976 1. Entity Name B J ORCHID, LLC 03-06-2008 90249 044 ***138.75 Principal Place of Business Mailing Address 1760 PLYMOUTH SORRENTO ROAD 1760 PLYMOUTH SORRENTO ROAD APOPKA, FL 32712 US APOPKA, FL 32712 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc 24229 Suite, Apt. #, etc 03032008 Chg-LLC CR2E083 (12/06) 24229 Adair Ave Applied For Sorrent 8-ه 2 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 4'S 32 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HWANG, BYUNG 1760 PLYMOUTH SORRENTO ROAD Street Address (P.O. Box Number is Not Acceptable) APOPKA, FL 32712 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. ni and ittle if emplicable (NOTE: Registered Agent signature required when re-FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM Addition TITLE Delete MLE Change HWANG, BYUNG NAME NAME STREET ADDRESS 1760 PLYMOUTH SORRENTO ROAD STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 CITY-ST-7IP MGRM TITLE ☐ Delete MLE ☐ Addition ☐ Change HWANG, CHABOON NAME NAME STREET ADDRESS 1760 PLYMOUTH SORRENTO ROAD STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 CITY-ST-ZIP MGRM TITLE ☐ Delete TILLE XL Change ☐ Addition HWANG, JUNSIK 24229 Adair Ave NAME NAME 1760 PLYMOUTH SORRENTO ROAD STREET ADDRESS STREET ADDRESS Sorrento 32776 CITY-ST-ZIP APOPKA, FL 32712 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY ST. 71P CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 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.

G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 06, 2008 8:00 am