2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

O OR PRINTED NAME OF

Feb 08, 2008 8:00 am Secretary of State DOCUMENT #L07000029514 02-08-2008 90097 025 ***138.75 PETROS INVESTMENT CO., LLC Principal Place of Business Mailing Address 60006802 2935 TEMPLE TRAIL 2935 TEMPLE TRAIL WINTER PARK, FL 32789 WINTER PARK, FL 32789 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01302008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4 FELNumber Not Applicable Country \$5.00 Additional Zio Country Zip 5. Certificate of Status Desired Fee Required T. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PETROS, MICHAEL G Street Address (P.O. Box Number is Not Acceptable) 2935 TEMPLE TRAIL WINTER PARK, FL 32789 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE ☐ Change Addition PETROS, MICHAEL G NAME NAME STREET ADDRESS 2935 TEMPLE TRAIL STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP MGRM ☐ Change TITLE ☐ Delete TITLE ☐ Addition PETROS, NORMA NAME NAME 2935 TEMPLE TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby 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 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.

Michael G.

G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Petros 2/01/08

Date

FILED