2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 05, 2008 8:00 am Secretary of State DOCUMENT.# L07000030470 05-05-2008 90033 032 ***138.75 Principal Place of Business Mailing Address 5725 RIDGE CLUB LOOP, UNIT 204 5725 RIDGE CLUB LOOP, UNIT 204 ORLANDO, FL 32839 ORLANDO, FL 32839 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5108 CONROY 5108 CONROY Suite, Apt. #, etc. Suite, Apt. #, etc. 04242008 Chg-LLC CR2E083 (12/06) 1735 4. FEI Number City & State Applied For City & State 95653 ಎಎ ~ ORLANDO Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 2811 U. 5 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent S7 IFGEL ර් UERERA SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 Zip Code 5 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 1 (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 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR CEO TITLE MLE Delete ☐ Addition BOOKER, ERIC O . BOOKEN, ERIC NAME NAME Rd #1735 STREET ADDRESS 5725 RIDGE CLUB LOOP, UNIT 204 5108 CONROY STREET ADDRESS ORLANDO, FL 32839 CITY-ST-ZIP CITY-ST-7IP 32811 DALANDO TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 7ITT F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ___ Addition_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change · ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

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

FILED