2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 21, 2008 8:00 am Secretary of State **DOCUMENT # L07000035034** 1. Entity Name LAHNAI LLC 03-21-2008 90117 017 ***138 75 Principal Place of Business Mailing Address 2713 CASABLANCA DRIVE 2713 CASABLANCA DRIVE 60016234 MIRAMAR, FL 33023 MIRAMAR, FL 33023 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - - 6.- Name and Address of Current Registered Agent BRAMMER, CAROL V Street Address (P.O. Box Number is Not Acceptable) 2713 CASABLANCA DRIVE MIRAMAR, FL 33023 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. DATE Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. TITLE ☐ Addition Change MLE ☐ Delete BRAMMER, MARLON O NAME NAME 2713 CASABLANCA DRIVE STREET ADDRESS STREET ADDRESS MIRAMAR, FL 33023 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ AddRion MGR Delete TITLE TITLE NAME BRAMMER, CAROL V NAME STREET ADDRESS 2713 CASABLANCA DRIVE STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33023 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE सार ह BRAMMER, SEAN F MALIF NAME STREET ADDRESS 2713 CASABLANCA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR, FL 33023 ☐ Delete TITLE Change ☐ Addition MGR TITLE NAME BRAMMER, KIM A NAME STREET ADDRESS 2713 CASABLANCA DRIVE STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33023 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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. 3/18/08 SIGNATURE:

FILED