2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: // W W W SIGNATURE AND THEED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Apr 21, 2008 8:00 am Secretary of State DOCUMENT #L07000036277 04-21-2008 90321 015 ***138.75 1. Entity Name CORPORATE SQUARE BUSINESS CENTER, LLC Principal Place of Business Mailing Address 00026312 166 NORTH HIGHWAY A1A, SUITE 100B 166 NORTH HIGHWAY A1A, SUITE 100B PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 2. Principal Place of Business - No P.O. Box # 410 310. St. S. 3. Mailing Address 416 3 rd. 02052008 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For 20-8779016 Becchifl Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATTERSON, ANDERSON & FELDMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 3010 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250 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) DATE 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 ADDITIONS/CHANGES 9. 10. mg R TITLE ☐ Delete TITLE Change Addition Alan E. Dickinson NAME NAME 416 S. 3rd St. #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MGR ☐ Delete Addition TITLE TITLE JEFFREY D. KLOTZ NAME NAME 416 S. 3rd St STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jacksonville Beac CITY - ST - ZIP 32250 TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Addition ☐ Channe TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CLTY-ST-ZIP 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.

Kinson

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