2008 LIMITED LIABILITY COMPANY

May 16, 2008 8:00 am Secretary of State **ANNUAL REPORT** 04-14-2008 90227 036 ***138.75 DOCUMENT # L07000046290 STINGAREE PROPERTIES, LLC 30006560 Principal Place of Business Malling Address 1157 SWÉETWATER ROAD 1157 SWEETWATER ROAD SPRING VALLEY, CA 91977 SPRING VALLEY, CA 91977 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03182008 CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 26-0391440 Not Applicable Zio Country Ziο Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOPEZ, JOSEPH F ESQ. 905 BRICKELL BAY DRIVE Street Address (P.O. Box Number Is Not Acceptable) 228 MIAMI, FL 33131 Zip Code 5. 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. 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 9. MANAGING MEMBERS/MANAGERS 10. MGRM titi F Detects MILE Change ☐ Addition WIENER, STEVE NAME STREET ADDRESS 1157 SWEETWATER ROAD STREET ADDRESS CITY-ST-7P SPRING VALLEY, CA 91977 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-ZIP CITY-ST-20P TITLE ☐ Delete TITLE Addition STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE □ Delete Change ☐ Addition NAME NAME STREET ARDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Chance ☐ Addition HAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ITTLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

(619)