2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

NATURE AND TYPED OR PRINTED NAME

Secretary of State DOCUMENT #L07000058445 01-16-2008 90053 011 ***138.75 NORTH KILLIAN PROFESSIONAL COMPLEX. LLC Principal Place of Business Mailing Address 1436 10TH COURT 1436 10TH COURT LAKE PARK, FL 33403 LAKE PARK, FL 33403 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1434 1074 CT Suite, Apt. #, etc. 1434 1074 Suite, Apt. #, etc. 01092008 Cha-LLC CR2E083 (12/06) City & State Applied For 4. FEI Number 17-4360488 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANTOURIST, KENNETT TITT Street Address (P.O. Box Number is Not Acceptable) MANTOVANI, KENNETH J III 1436 10TH COURT LAKE PARK, FL. 33403 1434 10TH CT 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar v the obligations of registered agent. 9-00 Ken Mannar SIGNATURE onature 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 9. / MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. Delete TITLE ! IIILE Change ☐ Addition MALIDVANT, KENNETH STILL 1434 10TH CT MANTOVANI, KENNETH J III NAME NAME STREET ADDRESS 1436 10TH COURT STREET ADDRESS LAKE PARK FL 33403 CITY-ST-ZIP LAKE PARK, FL 33403 CITY-ST-ZIP TITLE ☐ Delete TITE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Addition TITLE Delete TMI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Channe Addition TITEF 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 CHY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Detete TITLE 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes. KEN MANTO ANT MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE SIGNATURE:

FILED Jan 16, 2008 8:00 am

Daytime Phone #

Date