2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

| FILED |
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| Feb 22, 2008 8:00 am |
| Secretary of State |
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DOCUMENT # L07000060934 02-22-2008 90038 018 ***138.75 1. Entity Name DER POOL 1 LLC Principal Place of Business *60003822* Mailing Address 925 SOUTH FEDERAL HIGHWAY 925 SOUTH FEDERAL HIGHWAY SUITE 700 SUITE 700 BOCA RATON, FL 33432 US BOCA RATON, FL 33432 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062008 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number 26 Not Applicable Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARY, SPIELFOGEL Street Address (P.O. Box Number is Not Acceptable) 925 SOUTH FEDERAL HIGHWAY SUITE 700 BOCA RATON, FL 33432 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) A state of the sta 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 10. ADDITIONS/CHANGES 9. Change TITLE MGRM ☐ Delete TITLE ☐ Addition SPIELFOGEL, GARY P NAME NAME STREET ADDRESS 925 SOUTH FEDERAL HIGHWAY SUITE 700 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP TITLE ☐ Delote TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ■ Addition TITLE 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 TITLE Change ☐ Addition NAME 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 trail 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. and accurate and receiver or trustee

SIGNATURE:

AND TYPED OR PRIN IAGING LEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #