2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L07000062531 03-19-2008 90147 036 ***138.75 1. Entity Name TUCSON PROPERTY RENTALS, LLC ONTRE DISTRIBUTE CONTRACTOR Principal Place of Business Mailing Address 447 3RD AVE. N. 447 3RD AVE. N. rander in ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 450 Treasure ISID, CSWY. 450 Treasure Isld, Cswy Suite, Apt. #, etc. Suite, Apt. #, etc. 03122008 CR2E083 (12/06) Chg-LLC 503 503 City & State City & State 4. FEI Number Applied For Island, FL Treasure Treasure 26-0437940 land Not Applicable Ζiρ Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 33706 33706 U5A U5 A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANKLIN, LESLIE D Street Address (P.O. Box Number is Not Acceptable) 447 3RD AVE. N. ST. PETERSBURG, FL 33701 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 Maria FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State Contain St. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR TITLE ☐ Delete TITLE ☐ Change Addition FRANKLIN, DAVID M NAME 450 TREASURE ISLD, CSWY, #503 STREET ADDRESS STREET ADDRÉSS TREASURE ISLAND, FL 33706 CITY-ST-ZIP CITY - ST - ZIP MGR Delete Change Change TITLE TITLE ■ Addition MGR Franklin Jonathan 9 6777 Hollywood Bird, Ste. #508 FRANKLIN, JONATHAN S NAME NAME STREET ADDRESS 6777 HOLLYWOOD BLVD., STE. #508 STREET ADDRESS Hollywood, CA 90028 HOLLWOOD, CA 90028 CITY-ST-ZIP CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition FRANKLIN, PETER T NAME NAME STREET ADDRESS 13917 77TH AVE. N. STREET ADDRESS City+St-7IP SEMINOLE, FL 33776 CITY-ST-71P 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-71P 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 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.

FILED Mar 19, 2008 8:00 am