2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State **DOCUMENT # L07000066703** 1. Entity Name PARK AVENUE REALTY GROUP, LLC 02-28-2008 90107 004 ***138.75 Principal Place of Business Mailing Address 3780 VENTURA COVE DRIVE 3780 VENTURA COVE DRIVE 30002565 ORLANDO, FL 32822 ORLANDO, FL 32822 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Sulte, Apt. #, etc. 02252008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent B. Name and Address of Current Registered Agent Name TATICH: PHILIP = - ~ Street Address (P.O. Box Number is Not Acceptable) 1151 NORTH ORANGE AVE. WINTER PARK, FL 32789 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 Signature, typed or printed name of registered agent and title if approache. (NOTE: Registered Agent signature required when retretating) FILE NOW!!! FEE (\$ \$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 MGRM ☐ Change ☐ Addition IIILE WILE ☐ Delete SULLIVAN, JOHN B NAME: 3780 VENTURA COVE DRIVE STREET ADDRESS STREET ADDRESS ORLANDO, FL 32822 CITY-ST-ZIP CITY-ST-DP IIILE ☐ Deteta TITLE Change ☐ Addition KAME NAME STREET ADDRESS STREET ADDRESS C/TY-51-20P CITY-ST-ZIP TITE F ☐ Delete MDE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CTY-5T-2P CITY-ST-ZIP IIILE Delete IIILE Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZDP CITY-ST-ZIP HILE Detete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P TITLE ☐ Delete MUE Change Addition NAME NAME

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Rorlda Statutes. I further certify that the information indicated on this report is true and eccurate and that my signature shall have the same legal effect as if made under cath; 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.

STREET ADDRESS CITY - ST - ZIP

District company or the receiver or trustee empower

STREET ADDRESS

CTTY-ST-ZIP

FILED Mar 20, 2008 8:00 am Secretary of State