2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 06, 2008 8:00 am Secretary of State 02-06-2008 90122 037 ***138 75 DOCUMENT # L07000088363 ABSÓLUTE HOLDINGS OF SARASOTA, LLC 60006288 Principal Place of Business Mailing Address 1220 OGDEN ROAD 1220 OGDEN ROAD VENICE, FL 34285 VENICE, FL 34285 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1960 WHIT FIELD PARK AVE 4218 63RO TEAUNCE ENGT Suite, Apt. #, etc. Suite, Apt. #, etc 01262008 CR2E083 (12/06) Chg-LLC City & State BRADENTO 4. FEI Number Applied For 5 HRU SOTA 26- OBI 0904 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 34243 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Richard L YOOSE VOIGT & VOIGT, P.A. ess (P.O. Box Number is Not Acceptable) 2042 BEE RIDGE ROAD SARASOTA, FL 34239 SAKHSOTA 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 03 Richard L. itle if applicable 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 10. ADDITIONS/CHANGES MGRM TITLE ☐ Defete THILE Change ☐ Addition ABSOLUTE PROPERTIES, INC. NAME. NAME 231 S. TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP NOKOMIS, FL 34275 MGRM TITLE ☐ Delete TITLE Change ☐ Addition YODER, Richard NAME YODER, RICHARD NAME 1220 OGDEN ROAD STREET ADDRESS STREET ADDRESS 4218 63RD TERRACE EAST SAR ASOTA, FL 34243 CITY-ST-ZIP VENICE, FL 34285 CITY-ST-ZIP Change TITLE TITLE ☐ Addition ☐ Delete 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-S1-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change HILE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-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. KICHARD L. VODER Davime Phone 4

FILED