2008 LIMITED LIABILITY COMPANY

Apr 25, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT #L07000106728 04-25-2008 90020 024 ***143.75 CROSSFITEAST L.L.C. Mailing Address Principal Place of Business 60020041 4745 DUNDEE CIR **4745 DUNDEE CIR** JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 26-1313229 Not Applicable \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOPER, TERRENYCE J Street Address (P.O. Box Number is Not Acceptable) 4745 DUNDEE CIR JACKSONVILLE, FL 32210 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) Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR ☐ Delete TITLE ☐ Change Addition TITLE COOPER T.I NAME NAME 4745 DUNDEE CIR STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32210 CITY-ST-ZIP CITY-ST-ZIP MGRM Change ☐ Addition Delete TITLE TITLE NAME CANTO, PHIL NAME STREET ADDRESS STREET ADDRESS 9484 BUCK HAVEN CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP ☐ Delete TITLE П Спалое ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

FILED

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 employment to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FU COOPER 4-23-08 SIGNATURE: SIGNATURE AND THEO OR PRINTED HAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #