2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 14, 2008 8:00 am Secretary of State **DOCUMENT # L07000110738** 04-14-2008 90227 026 ***138.75 1. Entity Name PADÉ ENTERPRISES, LLC Principal Place of Business Mailing Address 6298 44 AVE. N. 6298 44 AVE. N. ST. PETERSBURG, FL 33709 ST. PETERSBURG, FL 33709 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State 3305 06 - 1 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASON, PAULA Street Address (P.O. Box Number is Not Acceptable) 4130 TERIWOOD AVE. ORLANDO, FL 32812 PETERSBURG 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 Make check payable to FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR MGR CASON, PAULA ☐ Deleta TITLE Change ☐ Addition TITLE NAME CASON, PAULA NAME 6298 44 AUE N STREET ADDRESS 4130 TERIWOOD AVE. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32812 CITY-ST-ZIP PETERSBURG MGRM TOROK, DEBBIE 4096 DOVER CENTER RD TITLE MGRM ☐ Delete TITLE TOROK, DEBBIE NAME NAME STREET ADDRESS 44096 DOVER CENTER RD STREET ADDRESS CITY-ST-ZIP NORTH OLMSTEAD, OH 44070 CITY-ST-ZIP NORTH OLMSTED, OH ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STRFET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition TITLE 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.

IG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED