2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 17, 2008 8:00 am Secretary of State 03-17-2008 90260 020 ***138.75 **DOCUMENT #L07000112300** 1. Entity Name TEVÉR 111, LLC 60015131 Principal Place of Business Mailing Address 11505 EAST BROADWAY 11505 EAST BROADWAY MANGO, FL 33550 MANGO, FL 33550 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252008 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number Not Applicable Country Zip 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 STEPHEN L. JAEB CARVER, CHARLES H Street Address (P.O. Box Number is Not Acceptable) 2907 BAY TO BAY BLVD., SUITE 201 TAMPA, FL 33629 11505 E. BROADWAY MAN 60 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) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR ,. TITLE ☐ Delete TITLE ☐ Change ☐ Addition JAEB, LORENA M NAME NAME 11505 EAST BROADWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MANGO FL 33550 CITY - ST- 7IP MGR TITLE ☐ Channe ☐ Addition Delete TITLE JAEB, STEPHEN L NAME NAME STREET ADDRESS STREET ADDRESS 11505 EAST BROADWAY CITY-ST-ZIP MANGO, FL 33550 CITY-ST-ZIP MGR MEMBER ROBERT & BROADWAY ☐ Change Addition TITLE ☐ Celete TiTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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.

ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 1

SIGNATURE

FILED