2005 LIMITED LIABILITY COMPANY

Jan 27, 2005 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # L99000001626** 01-27-2005 90079 040 ****50.00 1. Entity Name VILLÁNDRY LLC Principal Place of Business Mailing Address ₩000490I 3300 UNIVERSITY DRIVE, SUITE 407 2801 SW COLLEGE ROAD STE. 3 CORAL SPRINGS, FL 33065 OCALA, FL 34474 2. Principal Place of Business 3. Mailing Address <u> 2801 SW COUEGE</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 01192005 CR2E083 (10/03) Cha-LLC 3 City & State City & State 4. FEI Number Applied For 65-0913385 Not Applicable Zip Country \$5.00 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WORLD CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to · Florida Department of State + MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE Change ☐ Addition TITLE ☐ Delete NAME TRUCHEMENT, JEAN-PHILIPPE NAME 5191 & HWY316 CITRA FL 32113 STREET ADDRESS 8632 NW 62ND PLACE STREET ADDRESS CITY-ST-ZIP PARKLAND, FL 33067 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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JEAN-Philippe TRUCKENENT 1-24-05

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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