2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Feb 26, 2007 8:00 am Secretary of State **DOCUMENT # L99000005020** 02-26-2007 90308 041 ****50.00 SPACE STATION L.C. Principal Place of Business Mailing Address 2510 E. OAKLAND PARK BLVD 2510 E. OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306 FORT LAUDERDALE, FL 33306 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02142007 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number 65-0950436 Not Applicable Zip 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 nomas DVORAK, THOMAS A. O. Box Number is Not Acceptable) 2510 E. OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306 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 Styriature, typed or print istered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE Delete TITLE Space Sterrion II, I'm. DVORAK, THOMAS ALAN NAME 2510 E. Oakland Park Blud. STREET ADDRESS STREET ADDRESS 2510 E. OAKLAND PARK BLVD. CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE, FL 33306 Fortlanderdale FL 33 MGRM Delete TITLE TITLE Addition DVORAK, THOMAS W NAME NAME STREET ADDRESS 2510 E. OAKLAND PARK BLVD. STREET ADDRESS FORT LAUDERDALE, FL 33306 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY - ST - 7IP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE ☐ Delete 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.

FILED

Daytime Phone #