2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

May 05, 2006 8:00 am Secretary of State DOCUMENT # L99000006869 1. Entity Name 05-05-2006 90024 048 ****50.00 LYME STONE INVESTORS, L.L.C. Principal Place of Business Mailing Address ADENIR, LLC ADENIR, LLC 10 WATERCHASE DR., GROUND ROCKY HILL CT 16067 10 WATERCHASE DR., GROUND ROCKY HILL CT 06067 2. Principal Place or Business 3. Mailing Address 17501 Biscayne Blvd 17501 Biscayne Blud Suite, Apt. #, etc. Stc 300 Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 4. FEI Number Applied For 06-1560959 Not Applicable Country A \$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 Name ROLLNICK, NEIL Street Address (P.O. Box Number is Not Acceptable) 2601 S. BAYSHORE DR. STE 1600 **MIAMI FL 33133** 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 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) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES 9. TITLE MGRM TITLE ☐ Addition ☐ Delete Vecchitto, Stephen L NAME VECCHITTO, STEPHEN L NAME Advenic, Inc. STREET ADDRESS 10 WATERCHASE DRIVE STREET ADDRESS 19501 Biscayne Blvd, Aventura, FL 33160 CITY-ST-7/P CITY-ST-ZIP ROCKY HILL CT 06067 TITLE MGRM □ Delete TITLE NAME ROLLNICK, NEIL NAME STREET ADDRESS STREET ADDRESS 133 SEVILLA CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information is not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information grature shall have the same legal effect as if made under oath; that I am a managing member or manager of the erep to execute this report as required by Chapter 608, Florida Statutes. indicated on this report is true and acculimited liability company or the received

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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