2007 LIMITED LIABILITY COMPANY

May 01, 2007 8:00 am Secretary of State ANNUAL REPORT 05-01-2007 90323 046 ****50.00 DOCUMENT # L99000009292 1. Entity Name D'ASIGN PROPERTIES LLC Principal Place of Business Mailing Address 11500 OVERSEAS HIGHWAY 11500 OVERSEAS HIGHWAY MARATHON, FL 33050 MARATHON, FL 33050 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272007 Chg-LLC CR2E083 (12/06) Applied For 4. FEI Number City & State City & State Not Applicable 65-0529929 Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COLEMAN, JERRY Street Address (P.O. Box Number is Not Acceptable) 201 FRONT STREET, SUITE 203 KEY WEST, FL 33040 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. Cby Stohanic Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR ☐ Change ☐ Addition TITLE ☐ Detete TITLE D'ASCANIO, ANTHONY NAME NAME STREET ADDRESS 11500 OVERSEAS HWY STREET ADDRESS CITY-ST-ZIP MARATHON, FL 33050 CITY-ST-ZIP MGR Delete ☐ Change Addition D'ASCANIO, AMEDEO NAME NAME STREET ADDRESS 11500 OVERSEAS HWY STREET ADORESS CITY-ST-ZIF MARATHON, FL 33050 CITY-ST-ZIP Change ☐ Addition MGR Delete TITLE TITLE D'ASCANIO, FRANCO NAME NAME STREET ADDRESS 11500 OVERSEAS HWY STREET ADDRESS CITY-ST-ZIF City-ST-ZIP MARATHON, FL 33050 TITLE MGRM TITLE ☐ Change ☐ Addition D'ASIGN GROUP, INC NAME NAME 11500 OVERSEAS HWY STREET ADDRESS STREET ADDRESS MARATHON, FL 33050 CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADORESS STREET ADDRESS

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 affect 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER

FILED