2008 LIMITED LIABILITY COMPANY

Apr 17, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # M02000002659** 04-17-2008 90171 002 ***138.75 1. Entity Name WHITEREAL BOCA I LLC Mailing Address Principal Place of Business 60025249 2255 GLADES ROAD STE. 223A 2255 GLADES ROAD STE. 223A BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 21155 GLADES KOAD "GLADES ROAD Apt. #, etc. 234 WEST 04032008 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable Country USA \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EISNER, DEBBI 2255 GLADES ROAD STE. 223A BOCA RATON, FL 33431 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 9. 10. ADDITIONS/CHANGES MGRM ☐ Delete TITLE TITLE Change Addition NAME IOWICK HOLDING, L.L.C. NAME 2355 GLADES ROAD, #234 WEST 2255 GLADES ROAD STE, 223A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP BOCA RATON TITLE ☐ Delete TITLE ☐ Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change _ 🔲 Addition

11. I hereby certify that the information supplied with this filling 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 our using emproyered prescript in prepaying as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

RESIDENT SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #