2007 LIMITED LIABILITY COMPANY

May 01, 2007 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # M03000003192 05-01-2007 90327 013 ****55.00 1. Entity Name SLOANE STREET PARTNERS LLC Principal Place of Business Mailing Address 365 FIETH AVENUE SOUTH, SHITE 201 365 FIFTH AVENUE SOUTH, SUITE 201 NAPLES EL 34102 NAPLES, FL 34102 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3530 KRAFT ROAD -3530 KRAFT ROAD SUITE 300 SUITE 300 04182007 Chg-LLC CR2E083 (12/06) NAPLES, FL 34105 NAPLES, FL 34105 4. FEI Number Applied For المراجية بمرايات 20-0218712 Not Applicable Zip Country Zip 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 Name NOVATT, JEFF M ESQ. 821 FIFTH AVENUE SOUTH, SUITE 201 Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34102 City Zip Code FL 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) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITLE ☐ Delete Change Addition 3530 KRAFT ROAD ANTARAMIAN, JACK NAME NAME SUITE 300 STREET ADDRESS 365 FIFTH AVENUE SOUTH; SUITE 201-STREET ADDRESS NAPLES, FL 34105 CITY-ST-ZIP CITY-ST-ZIP NAPLES; FL 34102 -MGR Delete TITLE ☐ Addition Change TITLE 3520 KRAFT ROAD NAME PEZESHKAN, FRED NAPLES, FL 34105 STREET ADDRESS 365 FIFTH AVENUE SOUTH, SUITE 201-STREET ADDRESS NAPLES, FL 34102 CITY-ST-ZIP CITY-ST-ZIP MGR ☐ Delete **C**hange ☐ Addition TITLE 3530 KRAFT ROAD NAME EBRAHIMI, ALI NAME SUITE 300 365 FIFTH AVENUE SOUTH, SUITE 201 STREET ADDRESS STREET ADDRESS NAPLES, FL 34105 CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL. 34102-MACTUOR, THOMAS A TITLE Delete TITLE ☐ Change **Addition** NAME NAME 3530 KRAFT ROAD STREET ADDRESS STREET ADDRESS SUITE 300 CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34105 ☐ Delete TITLE ☐ Change ☐ Addition TITLE

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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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

Delete

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

☐ Change

☐ Addition

FILED