2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) -- -

May 31, 2005 8:00 am Secretary of State **DOCUMENT # M04000001267** 04-20-2005 90028 001 ****50.00 J.EGGSS REALTY, LLC Principal Place of Business Mailing Address 2 FRONTENAC PLACE DRIVE 2 FRONTENAC PLACE DRIVE **UKKUUUHU**U ST. LOUIS MO 63131 ST. LOUIS MO 63131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 7328 076-50-Not Applicable 7in 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 Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 والأوا 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 neme of registered egent add talls it 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, 2005 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE F ☐ Delete Change ☐ Addition PALETTA, GEORGE A JR. NAME NAME STREET ADDRESS 2 FRONTENAC PLACE DRIVE STREET ADDRESS CITY-ST-ZIP ST. LOUIS MO 63131 CITY-51-ZIP TITLE ☐ Deleta ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP TIFLE ☐ Delete TODA F ☐ Change ☐ Addition NAME STREET ADDRESS STREETADORESS COTEST-ZIP CITY-ST-ZIP DILE THEF ☐ Deleta ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZP TITLE ☐ Deleta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP THE Delete TITLE ☐ Change ☐ Addulion NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CLTY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. 4(10)23 ?)u~6/v~403=4 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGE MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED