2008 LIMITED LIABILITY COMPANY

Jan 23, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # M04000002456** 01-23-2008 90021 016 ***138.75 4563 AMBOY ROAD, L.L.C. Mailing Address Principal Place of Business 8525 REDLEAF LANE 8525 REDLEAF LANE ORLANDO, FL 32819 60003161 ORLANDO, FL 32819 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. . :, : 01112008 CR2E083 (12/06) Chg-LLC City & State 4. FEI Number Applied For City & State 13-3905606 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ICARDI, JEFFREY A Street Address (P.O. Box Number is Not Acceptable) 2180 W STATE ROAD 434 STE 6190 LONGWOOD, FL 32779 Zip Code City 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 Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE ☐ Change ☐ Addition TITLE Delete DUGGAL, KAREM V NAME NAME STREET ADDRESS 8525 REDLEAF LANE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 110 F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME

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 expowered to execute this report as required by Chapter 608, Florida Statutes.

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITI F NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-15-2008.

Daytime Phone #

☐ Change

☐ Addition

FILED