2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 22, 2008 8:00 am Secretary of State 05-22-2008 90512 041 ***138 75 **DOCUMENT # M06000001015** PLATINUM RIDGE FLORIDA, LLC 60043710 Principal Place of Business Mailing Address 126 S. HIGH STREET 126 S. HIGH STREET DUBLIN, OH 43017 DUBLIN, OH 43017 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 565 Metro Place S. 565 Metro Place S. Suite 220 01032008 Chg-LLC Suite 220 CR2E083 (12/06) Dublin, Ohio 43017 Dublin, Ohio 43017 4. FEI Number Applied For Not Applicable 20-3551506 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 SIGALOS, GEORGE 120 E. PALMETTO PARK ROAD, STE. 100 Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL 33432 Zip Code 9. 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 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR IMLE ☐ Delete TITLE ☐ Change ☐ Addition CORATOLA, PETER L NAME 126 S. HIGH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DUBLIN, OH 43017 CITY-ST-ZIP MGR TITLE □ Delete TITLE ☐ Change ☐ Addition NAME MALAS, ERNIE MARKE 4887 SAWMILL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COLUMBUS, OH 43235 CITY-ST-ZIP TITLE □ Delete THILE ☐ Channe Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE Delete TITLE ☐ Change ☐ Addition MAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE C Delete IME Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete MLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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 of the reserver or trustee emprovement to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE IG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone

FILED