2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED DOCUMENT # M06000003343 07 JAN 25 AM 10: 15 MY OWN SWEET HOME LLC FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 117-05 115 AVE \$ 117-05 115 AVE S OZONE PARK, NY 11420 OZONE PARK, NY 11420 2 Principal Place of Business - No P.O. Box # 3. Mailing Address Sinte. Apt. #, etc. Suite, Apt #, etc. 01162007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-4949391 Not Applicable Zio 290 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 CorpDirect Agents, Inc. CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 ^{City} Tallahassee 32381 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 obligation 01-24-2007 SIGNATURE (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM ☐ Addition Delete TITI É ☐ Change TITLE SINGH, BRIJAHAND NAME NAME BRIJANAND STREET ADDRESS STREET ADDRESS 117-05 115 AVE S OZONE PARK, NY 11420 CITY-ST-ZIP CITY-1.T-ZIP Delete THILE BOODS6797288 TITLE NAME 01/31/07--01012--017 **50.nn STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TiTLS NAME STREFT 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 TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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. 1-1607 SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone