Apr 23, 2007 8:00 am Secretary of State 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # M06000003410** 04-23-2007 90377 021 ****50.00 CRV WPB-EUCAL GP, L.L.C. Principal Place of Business Mailing Address 60039137 1200 UNIVERSITY BLVD., SUITE 210 1200 UNIVERSITY BLVD., SUITE 210 JUPITER, FL 33458 JUPITER, FL 33458 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-5028709 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 SALOUR, NADER G Street Address (P.O. Box Number is Not Acceptable) 1200 UNIVERSITY BLVD., SUITE 210 JUPITER, FL 33458 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) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR TITLE TITLE ☐ Delete Change ☐ Addition SALOUR, NADER G.M. NAME NAME STREET ADDRESS 1200 UNIVERSITY BLVD., SUITE 210 STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP MGR Change TITLE ☐ Delete TITLE Addition UGK STEPHENT CLARK 301 CONGRESS AVE., 500 CLARK, STEPHEN T NAME NAME 1501 S. MCPAC EXPRESSWAY, STE 230 STREET ADDRESS STREET ADDRESS AUSTIN, TX 78746 CITY-ST-7IP AUSTIN, TX 78746 CITY-ST-7IP MGR UCAR TIMOTHYH. CLARK Change ☐ Addition Delete TITLE TITI F NAME CLARK, M. TIMOTHY NAME 301 CONGRESS AUE, 500 STREET ADDRESS 4501-3: MCPAC EXPRESSWAY, STE-230 STREET ADDRESS AUSTIN, TX 18746 AUSTIN, TX 78746 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition

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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 fimited liability company or the repeiver/or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE