2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 05, 2008 8:00 am Secretary of State 05-05-2008 90030 045 ***138 75 **DOCUMENT # M07000006722** 1. Entity Name ALEX VENTURES LLC 60038756 Principal Place of Business Mailing Address 2159 HAYOR COURT 2159 HAYOR COURT LEWIS CENTER, OH 43025 LEWIS CENTER, OH 43025 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 14116 Chaseway LANE 4116 Chaseway Suite, Apt. #, etc. Suite, Apt. #, etc. 04072008 Chg-LLC CR2E083 (12/06) 1816 1816 Applied For City & State 4. FEI Number City & State 20-3584972 Not Applicable ORLANDO Country Country \$5.00 Additional Zip 5. Certificate of Status Desired USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 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 10. 9. MGR Change ☐ Addition ☐ Delete TITLE TITLE YOUNG, JAY NAME STREET ADDRESS 14116 CHASEWAY LANE APT 1816 STREET ADDRESS ORLANDO, FL 32837 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME 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-7IP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition . 1.4 TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-29. 2008

614-657-5

FILED