

|                                                                                                                                                        |                  |                                                                                                                                                   |         |                                                                                            |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 49754</b>                                                                                                                                     |                  | <b>Due no later than Apr 30, 2016</b>                                                                                                             |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>                                         |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br>SONMEZ VENTURES, LLC<br>JOHN Z SONMEZ<br>500 WESTOVER DR<br>7981<br>SANFORD NC 27330 |         | PARK PLACE PROPERTY MANAGEMENT LLC<br>280 E CORPORATE DR STE 260<br>MERIDIAN ID 83642-2733 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                                   |         | 3. <u>New</u> Registered Agent Signature:*                                                 |         |                  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                  |                                                                                                                                                   |         |                                                                                            |         |                  |  |
| Office Held                                                                                                                                            | Name             | Street or PO Address                                                                                                                              | City    | State                                                                                      | Country | Postal Code      |  |
| MEMBER                                                                                                                                                 | HEATHER N SONMEZ | 500 WESTOVER DR 7981                                                                                                                              | SANFORD | NC                                                                                         | USA     | 27330            |  |
| MANAGER                                                                                                                                                | JOHN Z SONMEZ    | 500 WESTOVER DR 7981                                                                                                                              | SANFORD | NC                                                                                         | USA     | 27330            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                 |         |                                                                                            |         |                  |  |
| <b>ID<br/>W 49754</b>                                                                                                                                  |                  | Signature: John Sonmez                                                                                                                            |         |                                                                                            |         | Date: 02/23/2016 |  |
|                                                                                                                                                        |                  | Name (type or print): John Sonmez                                                                                                                 |         |                                                                                            |         | Title: Member    |  |
| Processed 02/23/2016                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                         |         |                                                                                            |         |                  |  |