2003 LIMITED LIABILITY COMPANY

SIGNATURE

Apr 28, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L0000000963 04-28-2003 90997 046 ****50.00 1. Entity Name MARY ANN APARTMENTS, L.L.C. Mailing Address Principal Place of Business 9414 SPRING HILL DRIVE 9414 SPRING HILL DRIVE SPRING HILL, FL 34608 SPRING HILL, FL 34608 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 59-3648275 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired_____ ee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROETMAN, THOMAS 9414 SPRING HILL DRIVE Street Address (P.O. Box Number is Not Acceptable) SPRING HILL, FL 34608 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. (NOTE: Registered Agent Signature required when minturing) FILE NOWIN FEE IS \$50.00 1 C4 Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9 10. CR2E083 (10/02) TITLE TITLE ROETMAN, THOMAS NAME MALES STREET ADDRESS 9414 SPRING HILL DRIVE STREET ADDRESS SPRING HILL, FL 34608 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-71P CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition MALIE NAME STREET ADDRESS STREET AINDRESS CITY-57-21F CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-2P TITLE TITLE ☐ Delete ☐ Change ■ Addition NAMÉ HAMÉ STREET ADDRESS STREET ADDRESS CHY-ST-2IP CITY-ST-7P 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3)(i), 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 OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE