2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 25, 2005 08:00 AM DOCUMENT # L03000016431 1. Entity Name **Secretary of State** 1607 LANDS END, LLC Principal Place of Business Mailing Address 1607 LANDS END VILLAGE CAPTIVA FL 33924 P.O. BOX 111 CAPTIVA FL 33924 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt #, etc. 1st MOORE CR2E083 (10/04) Applied For City & State City & State 4. FEI Number 20-0122958 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RIZZO, THOMAS F Street Address (P.O. Box Number is Not Acceptable) 2340 PERIWINKLE WAY J-2 SANIBEL FL 33957 Zip Code City 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR ☐ Change ☐ Addition ☐ Delete YOBAGE, THOMAS J NAME STREET ADDRESS P.O. BOX 111 STREET ADDRESS CHTY-ST-ZIE CITY-ST-ZIP CAPTIVA FL 33924 Change ☐ Addition IIILE Delete TITLE U00000276589 NAME NAME 03/25/05-80047-004 55.00 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete Hitt NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIE TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP THLE Delete TILLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TUTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-7IP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

For 1607 Lands End, LLC

SIGNATURE Thomas J: 48 ge, Manager Thomas J. Yobage SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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