Jul 20 07 04:01p Don Martin

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Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90031 032 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000016708

1. Entity Name
340 HORSECREEK DR, LLC

Principal Place of Business
1511 KELLIWOOD CT
SUN CITY CENTER, FL 33573

Mailing Address
1511 KELLIWOOD CT
SUN CITY CENTER, FL 33573

2. Principal Place of Business No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

07202007 Chg-LLC CR2E083 (12/06)

4. FEI Number 205436634 — Applied For / Not Applicable

5. Certificate of Status Desired ✓ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BARNETT, SCOTT F
412 E. MADISON ST
SUITE 900
TAMPA, FL 33602

7. Name and Address of New Registered Agent
Name Carolyn T. Dickinson
Street Address (P.O. Box Number is Not Acceptable) 1511 Kelliwood Ct.
City Sun City Center FL Zip Code 33573

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 Carolyn T. Dickinson, MGR. Carolyn T. Dickinson, Mgr. 7/19/07
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 September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DICKINSON FAMILY COMPANY, LLC 1511 KELLIWOOD CT. SUN CITY CENTER FL 33573	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Carolyn T. Dickinson 7/19/07 813-508-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #