2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURES

Apr 28, 2008 8:00 am Secretary of State DOCUMENT # L07000062016 04-28-2008 90036 006 ***138.75 WESBRANT INVESTMENTS, LLC Principal Place of Business Mailing Address 1730 EAST HIGHWAY 50, SUITE 29 1730 EAST HIGHWAY 50, SUITE 29 CLERMONT, FL 34711 US CLERMONT, FL 34711 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 26-0 Not Applicable Zip Country \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEST, SYLVIA B Street Address (P.O. Box Number is Not Acceptable) 1730 EAST HIGHWAY 50, SUITE 29 CLERMONT, FL 34711 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 4 applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change Addition WEST, SYLVIA B NAME NAME STREET ADDRESS 1730 EAST HIGHWAY 50, SUITE 29 STREET AODRESS CITY-ST-7IP CLERMONT, FL 34711 CITY-ST-ZIP MGR ΠΠF TITLE Delete ☐ Change ☐ Addition WEST, PETER W SR. NAME STREET ADDRESS 1730 EAST HIGHWAY 50, SUITE 29 STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CATY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE