2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE

Mar 07, 2005 8:00 am Secretary of State **DOCUMENT # L99000005108** 03-07-2005 90057 004 ****55.00 MIRÓMAR REALTY, L.L.C. Principal Place of Business Mailing Address ----24870 BURNT PINE DRIVE 24870 BURNT PINE DRIVE BONITA SPRINGS, FL 34134 BONITA SPRINGS, FL 34134 3. Mailing Address 2. Principal Place of Business 10801 Correserow Roa 10801 Corrected Road Suite, Apt. #, etc. Suite, Apt. #, etc. 02252005 Chg-LLC CR2E083 (10/03) 5 wite 305 305 City & State 4. FEI Number Applied For City & State Estero Estero 65-0969919 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired USA 33928 USA Fee Required 339Z8 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANC GESCHWENDT, MARK Street Address (P.O. Box Number is Not Acceptable) 24870 BURNT PINE DRIVE BONITA SPRINGS, FL 34134 305 Zip Code 33428 City Fistero 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM TITLE ☐ Addition TITLE ☐ Delete MIROMAR DEVELOPMENT CORP NAME NAME 10801 Cornscrew Ro. Sute 305 24870 BURNT PINE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34134 CITY-ST-ZIP Estero, Fr ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. Mirror Resident Company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Executive Vice fresident

FILED

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