2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE AND TYPED OR PRI

Apr 30, 2008 8:00 am Secretary of State **DOCUMENT # M01000001268** 04-30-2008 90029 023 ***143.75 COLLATERAL REAL ESTATE CAPITAL, LLC Principal Place of Business Mailing Address **3000 RIVERCHASE GALLERIA** 3000 RIVERCHASE GALLERIA **SUITE 1020 SUITE 1020** BIRMINGHAM, AL 35244 BIRMINGHAM, AL 35244 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1900 Crestwood Blvd 1900 Crestwood Blvd Suite, Apt. #, etc. 04232008 Chg-LLC CR2E083 (12/06) Suite 300 City & State City & State 4. FEI Number Applied For Birminaham rmidaham 63-1265172 Not Applicable \$5:00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code 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 \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM MGR TITLE TITLE Delete ☐ Change **Addition** COLLATERAL MANAGEMENT LLC NAME NAME Collateral Holdinas, Ud. STREET ADDRESS **524 LORNA SQUARE** STREET ADDRESS 1900 Crestwood Bruch, suite 300 CITY-ST-ZIP BIRMINGHAM, AL 35216 CITY-ST-ZIP Birmingham, Al 35210 morm Collateral Management LLC 1900 crestwood Bird, Soite 300 TITLE MGR TITLE Change Delete ☐ Addition PARKER, WADE NAME NAME STREET ADDRESS **524 LORNA SQUARE** STREET ADDRESS CITY-ST-ZIP BIRMINGHAM, AL 35216 CITY-ST-ZIP 3 i minaham, AC 35210 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE Change ■ Addition 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 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.

FILED