2004 LIMITED LIABILITY COMPANY

TITLE

NAME

STREET ADDRESS

Secretary of State ANNUAL REPORT 05-05-2004 90006 001 ****50.00 DOCUMENT # M03000003538 1. Entity Name AG BUSCHWOOD 13, LLC Principal Place of Business Mailing Address 701 EAST BYRD STREET, 15TH FLOOR 701 EAST BYRD STREET, 15TH FLOOR RICHMOND, VA 23219 RICHMOND, VA 23219 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042004 CR2E083 (10/03) City & State City & State Applied For 4. FEI Number Not Applicable Country \$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 LEXISNEXIS DOCUMENT SOLUTIONS, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE Change TITLE THE HARPER FAMILY TRUST MAME NAME 3656Genista Place 3658-GINEOTA PLACE GENISTA Place STREET ADDRESS STREET ADDRESS FALLBROOK, CA 92028 CITY-ST-7IP 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 HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME MALKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED Jun 01, 2004 8:00 am

☐ Change

☐ Addition

CITY-ST-ZIP 11.1 I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

☐ Delete