2004 LIMITED LIABILITY COMPANY

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

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May 04, 2004 8:00 am Secretary of State ANNUAL REPORT 05-04-2004 90028 012 ****50 00 DOCUMENT # L99000005469 1031 TAX FREE STRATEGIES, LLC Principal Place of Business Mailing Address 695 TARPON BAY ROAD #5 695 TARPON BAY ROAD #5 SANIBEL, FL 33957 SANIBEL, FL 33957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 65-0943794 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OWENS, DAVID A Street Address (P.O. Box Number is Not Acceptable) 695 TARPON BAY RD. SANIBEL, FL 33957 City 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, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MGR Delete TITLE MERM ☐ Change Addition ISLAND FINANCIAL SERVILES OWENS, DAVE NAME NAME 3232 MCGREGOR BLUD STREET ADDRESS 695 TARPON BAY RD. STREET ADORESS FORT MYERS FL CITY-ST-ZIP SANIBEL, FL CITY-ST-ZIP 33901 ■ Addition Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS

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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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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