2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 11, 2006 8:00 am Secretary of State DOCUMENT # L05000090853 04-24-2006 90059 029 ****50.00 MAHON ARCADIA, LLC Principal Place of Business Malling Address **30000000** 1400 ESTERO BOULEVARD 1400 ESTERO BOULEVARD FORT MYERS BEACH, FL 33931 FORT MYERS BEACH, FL 33931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #. etc. 01052008 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 65-1260329 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JURSINSKI, KEVIN F ESQ 7800 UNIVERSITY POINTE DRIVE, SUITE 200 Street Address (P.O. Box Number is Not Acceptable) FORT MYERS, FL 33907 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 Signature, typed or printed name of regionard again and title if applicable. (NOTE: Registered Agent aignature required when revisiting) CATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State " MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR TITO F Change Addition JURSINSKI, KEVIN F MALE STREET ADDRESS 1400 ESTERO BOULEVARD STREET ADDRESS CITY-ST-ZP FORT MYERS BEACH, FL 33931 CITY-ST-7/P TITLE ☐ Detete TITLE Change ☐ Addition KALE NUE STREET ADDRESS STREET ADDRESS CT7 - ST - ZIP C(TY-57-7)P TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZP CITY-ST-ZP DDE Delete TITLE ☐ Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ARE ☐ Defete IIITE Change Addition MANAGE STREET ADDRESS STREET ADDRESS OTY-51-2P DTY-51-7P TITLE ☐ Defette TITLE ☐ Change ☐ Addition NAME NUME STREET ADDRESS STREET ADDRESS CITY-ST-ZP 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 eccurate 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. 1/5/06 (239)463-3111 SIGNATURE:

PED OR PRINTED HAME OF SIGNING MANAGING MONEY, MANAGER, OR AUTHORIZED RESTRESHITATIVE

FILED