2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 01, 2006 8:00 am **Secretary of State DOCUMENT # 338417** 1. Entity Name 03-01-2006 90005 038 ***150.00 ROPE LAND COMPANY Mailing Address Principal Place of Business 31,95/N. POWERLINE RØ. TE 100 PANO BEACH FL 33069 3. Mailing Address ZIGS S.W. BALATA THR. 2. Principal Place of Business BALATA Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number PALM CITY-FLA. 59-1282564 Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROEPNACK, PAUL A Street Address (P.O. Box Number is Not Acceptable) 2198 SW BÁLATA TERR PALM CITY FL 34990 Zip Code 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. PAUL A. KOEPNACK 2-16-06 SIGNATURE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change Addition NAME ROEPNACK, DAVID H NAME STREET ADDRESS 8972 N.W. 23RD STREET STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP ☐ Delete TITLE TITLE Addition ROEPNACK NAME ROETŇACK, PAUL A ZIPBS W BALATA TER PALM CITY-FU 34990 STREET ADDRESS STREET ADDRESS 2198 SW BALCATA JERR CITY-ST-7IP PALM CITY FL 34990 CITY-ST-ZIP TITLE ☐ Delete TITLE BEARD SAN P.O. BOX 24187 SANDRA NAME BEARD, SANDRAIL NAME STREET ADDRESS STREET ADDRESS 2120 SPRINGS PLACE CITY-ST-ZIP LONG MONT CO 27513 CITY-ST-ZIP SILVERTHORNE-(Defete ☐ Addition ROEPNACK, ROBERT STREET ADDRESS 115 WHITE SANDS DR STREET ADDRESS **CARY NC 27513** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C(TY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED