2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 01, 2008 8:00 am Secretary of State **DOCUMENT #765257** 1. Entity Name THORNEBROOK III MAINTENANCE CORPORATION, INC. 05-01-2008 90185 044 ****61.25 Principal Place of Business Mailing Address P.O. BOX 14506 1731 NW 6TH STREET GAINESVILLE, FL 32604 US SUITE A GAINESVILLE, FL 32609 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222008 CR2E037 (12/06) Chg-NP 5522-B NW 43rd Street 5522-B NW 43rd Street Applied For 4. FEI Number 59-2366598 City & State City & State Gainesville, Florida Not Applicable Gainesville. FLorida Zip \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 32653 U.S.A.32653 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Debbie S.Houdershelt WESTON BAUR/ED BAUR MANAGEMENT INC. Street Address (P.O. Box Number is Not Acceptable) c/o Bosshardt Property Mgt DBA FLORIDA COMMUNITY MANAGEMENT 1731 NW 6TH STREET SUITE A GAINESVILLE, FL 32609 5522-B NW 43rd Street City Gainesville 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 Fiorida. I am familiar with, and accept SIGNATURE Signature, typed or printed hame of required agent and the flappicable. 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State. Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PΩ TITLE ☐ Addition TITLE ☐ Delete ☐ Channe SWANSON, CYNTHIA NAME NAME STREET ADDRESS 2830 NW 41ST ST, SUITE M STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32606 CITY-ST-ZIP DST ☐ Change ☐ Addition TITLE ☐ Delete TIT) F MCCLOUD, SHARON NAME NAME 2830 NW 41ST STREET STE G STREET ADDRESS STREET ADDRESS GAINESVILLE, FL 32606 CITY-ST-7IP CITY-ST-7IP Delete ☐ Addition TITLE TITLE Channe NAME ETHERINGTON, DAVID NAME 2830 NW 41ST STREET, SUITE L STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32606 CITY-ST-7IP TITLE ☐ Delete TITLE [] Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME STREET ANDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental poort 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 trusteel empowered to execute this report as required by Chapter 617. Florida Statutes: and that my name appears in Block 10 or Block 11 if changed, or on an attachment with producers, with all other like empowered.

- CYNTHIA SWANSON

FILED