2008 FOR PROFIT CORPORATION

changed, or on an attachmer

SIGNATURE:

Feb 29, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT #F02803 02-29-2008 90019 015 ***158.75 1. Entity Name LANGLEY'S GEM OF THE HILLS REALTY, INC. Principal Place of Business Mailing Address 720 ALMOND ST P.O. BOX 120188 CLERMONT, FL 34711 CLERMONT, FL 34712 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 16405 W. COLONIAL DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01112008 Chg-P Applied For City & State 4. FEI Number OAKLAND, FL 59-2157910 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARD H. LANGLEY LANGLEY, RICHARD H. Street Address (P.O. Box Number is Not Acceptable) 7200 ALMOND ST CLERMONT, FL 34711 1405 W. COLONIAL DRIVE 8. The above named entity submits this statement. 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 re 2-22-08 RICHARD H. LANGLEY SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE P,V D Change ☐ Addition NAME LANGLEY, RICHARD H LANGLEY, RICHARD H. NAME STREET ADDRESS 720 ALMOND ST 1405 W. COLUNIAL DRIVE DAKLAND, FL 34787 STREET ADDRESS CLERMONT, FL 34711 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with his filing does not qualify for the exemptions contained in Chapter 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 receive or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED