2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 22, 2005 8:00 am Secretary of State DOCUMENT # L00000010235 1. Entity Name 04-22-2005 90045 033 ****50.00 CYHAWK BADGER, LC Principal Place of Business Mailing Address Sandann 247 N. COLLIER BLVD., SUITE 202 247 N. COLLIER BLVD., SUITE 202 MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 59-3673926 Not Applicable Zip Zip Country Country \$5.00 Additional Fee Required 5. Cortificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORRIS, WILLIAM G ESQ. Street Address (P.O. Box Number is Not Acceptable) 247 N. COLLIER BLVD., SUITE 202 MARCO ISLAND, FL 34145 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Make check payable to Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 MGRM TIFLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WE LEASE, LC STREET ADDRESS 5800 MERLE HAY RD. STREET ADDRESS CITY-ST-7IP JOHSTON, IA 50131 CITY-ST-7IP MGRM ☐ Delete ☐ Change TITLE ☐ Addition B&B LC NAME NAME 6979 GREENTREE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34108 MGRM ☐ Defete TITLE TITLE ☐ Change Addition NAME NICOLE INVESTMENTS, LC NAME 4224 HUBBELL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DES MOINES, IA 50317 CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Addition MADDOX LEASING, LLC NAME NAME 2122 FLEUR DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP DES MOINES, IA 50321 ☐ Delete TITLE ☐ Addition BECK INVESTMENTS, LC NAME NAME STREET ADDRESS 7363 NW BEAVER DRIVE STREET ADDRESS 133 East North Fork, POBOX 126 JOHNSTON, IA 50131 CITY-ST-ZIP CITY-ST-ZIP Centennial, WY 82055 ☐ Addition TITLE TD ☐ Delete NAME CHARLSON, JEFFREY E NAME STREET ADDRESS 5800 MERLE HAY RD, PO BOX 394 STREET, ADDRESS CITY-ST-7IP CITY-ST-ZIP JOHNSTON, IA 50131

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

JRE: JUSTINE MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED