

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90199 007 ****55.00

60029494



03202007 Chg-LLC CR2E083 (12/06)

4. FEI Number **65-1044194** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RESOURCE CONSERVATION PROPERTIES, INC.
9990 COCONUT RD., SUITE 200
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

Name Pamela S. Mac'Kie
Street Address (P.O. Box Number is Not Acceptable)
9990 Coconut Road Ste 200
City Bonita Springs FL Zip Code 34135

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 Pamela S. Mac'Kie Dir. of Legal / Corporate Affairs 3-20-07
(NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME RESOURCE CONSERVATION PROPERTIES, INC.
STREET ADDRESS 9990 COCONUT RD., SUITE 200
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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.

SIGNATURE: Scott R. Whitney 3-23-07 (235) 495-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #