2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 28, 2008 08:00 Al **DOCUMENT # L00000013772 Secretary of State** WENTWORTH REAL ESTATE HOLDINGS, L.L.C. Principal Place of Business Mailing Address 7965 JACK JAMES DR. P.O. BOX 3089 STUART, FL 34997 STUART, FL 34995 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FFI Number Applied For 65-1055186 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WENTWORTH, GEORGE Street Address (P.O. Box Number is Not Acceptable) 7878 S.W. ELLIPSE WAY STUART, FL 34997 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 18 \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES 9. 10. MGRM TITI F ☐ Change TITLE ☐ Addition Delete WENTWORTH, GEORGE NAME NAME 0000000873212 STREET ADDRESS 7965 JACK JAMES DR. STREET ADDRESS 04/10/08-80068-019 138.75 STUART, FL 34997 CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Change ☐ Addition HILE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST-ZIP CITY - ST - ZIP - 🖃 Delete -TITI F-- --TITLE ☐ Change Addition . NAME NAME . STREET ADDRESS: NO. 10 CO. 10 STREET ADDRESS CITY-ST-ZIP 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 predict or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

THITED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED

FILED