2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 13, 2005 8:00 am Secretary of State DOCUMENT # L01000009132 1. Entity Name 04-13-2005 90212 011 ****50.00 FAE DEVELOPMENT, L.L.C. Principal Place of Business Mailing Address 492 PINE AVENUE NAPLES FL 34108 PO BOX 11448 NAPLES FL 34101 2. Principal Place of Business 3. Mailing Address 5974 TAYLOR RD Suite, Apt. #, etc. CR2E083 (10/04) UN . 5 City & State NAPLES City & State 4. FEI Number Applied For 65-1114130 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required N.S.H 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FINE, ROGER H **492 PINE AVENUE** NAPLES FL 34108 Zip Code 3 4 1 0 2 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 IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE MGRM TITLE ☐ Delete ☐ Change ☐ Addition NAME ELDREDGE, TIMOTHY O NAME STREET ADDRESS 8825 WORTHINGTON CIRCLE STREET ADDRESS CITY-ST-ZIP INDIANAPOLIS IN 46278 CITY-ST-ZIP TITLE MGR ☐ Delete TITLE ☐ Addition MGR. FINE ROGERH MAME FINE, ROGER H NAME STREET ADDRESS **492 PINE AVENUE** STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NAPLES FL 34108 Delete TITLE TITLE ☐ Change 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 ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED