2004 LIMITED LIABILITY COMPANY

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FILED Apr 28, 2004 8:00 am Secretary of State ANNUAL REPORT 04-28-2004 90065 002 ****55.00 **DOCUMENT # L01000015024**

GASPARILLA V. LLC Principal Place of Business Mailing Address 24057149 P.O. BOX 1364 421 PARK AVE. BOCA GRANDE, FL 33921 BOCA GRANDE, FL 33921 2. Principal Place of Business, 4/1 Park Ave 3. Mailing Address Suite, Apt. #, etc. 03132004 Chg-LLC CR2E083 (10/03) Bora Grande City & State 4. FEI Number Applied For 65-1149455 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEWART, CAROL 421 PARK AVE POBOX 1364 Street Address (P.O. Box Number is Not Acceptable) BOCA GRANDE, FL 33921 Park Ave. 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. (NOTE: Registered Agent signature required when reinstating) and title if applicable Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Addition TITLE ☐ Delete Change STEWART, CAROL NAME NAME PO BOX 1364 STREET ADDRESS STREET ADDRESS BOCA GRANDE, FL 33921 CITY-ST-ZIP CITY-ST-ZIP MGRM Change ☐ Addition TITLE ☐ Delete TITLE MELVIN IV, ROBERT A NAME NAME STREET ADDRESS PO BOX 1364 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BOCA GRANDE, FL 33921 TITLE ☐ Delete TITLE Change Addition WOJCIK, RANDY NAME NAME STREET ADDRESS PO BOX 1364 STREET ADDRESS CITY-ST-ZIP BOCA GRANDE, FL 33921 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition LOCKETT, CAROL NAME NAME PO BOX 1364 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA GRANDE, FL 33921 CITY-ST-ZIP MGR ☐ Delete TITLE ☐ Change Addition TITLE REBECK, JEAN NAME NAME PO BOX 1364 STREET ADDRESS STREET ADDRESS BOCA GRANDE, FL 33921 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME d. 14 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.