· 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

Mar 17, 2008 08:00 Al Secretary of State DOCUMENT # L01000015657 1. Entity Name GERBER REALTY CO. #1-306, LLC Principal Place of Business Mailing Address 7403 BAYSHORE DRIVE 7403 BAYSHORE DRIVE SUITE 401 TRESURE ISLAND FL 33706 SUITE 401 TRESURE ISLAND FL 33706 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E083 (10/07) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE No: Applicable Zip Country 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 Name GERBER, DONALD B Street Address (P.O. Box Number is Not Acceptable) 7403 BAYSHORE SRIVE SUITE 401 TREASURE ISLAND FL 33706 Z-p 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. Listophasele NOTE Registerati Agent's gliature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change Addition NAME GERBER, DONALD B NAME STREET ADDRESS 7403 BAYSHORE DRIVE, SUITE 401 STREET ADDRESS CITY-ST-ZIP TREASURE ISLAND FL 33706 CITY-ST-Z:P TITLE ☐ Delete TITLE ☐ Change ☐ Addition U00000882231 MAME NAME STREET ADDRESS 04/03/08-80040-020 138.75 STREET ADDRESS CITY-ST-ZIP CHY-ST-Z:P TOTLE ☐ Delete TITLE [] Change Addition NAME NAME STREET ADDRESS STREET AUDRESS DITY-ST-ZIP CHY-ST-7/P TITLE ☐ Delete ☐ Change ☐ Addition 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 TIME ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path; 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 MUNICIPE DE PRINTÉD NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIV

219 822 9757 Date: Daytin e Provide

FILED