2007 LIMITED LIABILITY COMPANY

Jan 22, 2007 8:00 am Secretary of State ANNUAL REPORT 01-22-2007 90153 036 ****50.00 **DOCUMENT # L01000015708** NOSTAR PROPERTIES, L.L.C. Principal Place of Business Mailing Address 60004715 2033 MAIN STREET 2033 MAIN STREET SUITE 600 SUITE 600 SARASOTA, FL 34237 SARASOTA, FL 34237 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01162007 CR2E083 (12/06) Chg-LLC Applied For City & State 4. FEI Number City & State 59-3744436 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MYERS, TROY H JR. ESQ. Street Address (P.O. Box Number is Not Acceptable) 2033 MÁIN STREET SUITE 600 SARASOTA, FL 34237 City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and little if applicable DATE Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR TITLE ☐ Change ☐ Addition TITLE ☐ Delete MYERS, TROY, H JR. NAME NAME STREET ADDRESS STREET ADDRESS 2033 MAIN STREET CITY-ST-ZIP SARASOTA; FL 34237 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-\$1-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED

Troy H. Myers, Jr., Manager 01/17/2007 (941) 953-8110 SIGNATURE AND TYPEO OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone I