2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L01000017574 02-24-2006 90245 049 ****50.00 1. Entity Name COLTON RIVIERA DEVELOPMENT, LLC Principal Place of Business Mailing Address 20010302 912 S. RIDGEWOOD AVE. 912 S. RIDGEWOOD AVE. SHITE D SHITE D DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114 2. Principal Place of Business 3. Mailing Address 1515 Herbert St 1515 Herbert St Suite, Apt. #, etc. Suite, Apt. #, etc. 02142006 CR2E083 (11/05) Chg-LLC Suite 213 Suite 213 City & State City & State 4. FEI Number Applied For Port Orange Port Orange Fl**NOT APPLICABLE** Not Applicable Zip 32129 Country Zip 32129 Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HEWITT J. DUPONT CPA PYLE, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 1515 Herbert St 1265 W. GRANADA BLVD. SUITE 1 ORMOND BEACH, FL 32174 Suite 213 Zip Code 32129 City Port Orange 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. 2-14-06 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Make check payable to Due by May 1, 2006 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE ☐ Detete TITLE ☐ Change ■ Addition PECK, EDWIN W JR NAME NAME STREET ADDRESS 2430 \$ ATLANTIC AVE., SUITE F STREET ADDRESS DAYTONA BEACH, FL 32118 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete 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-7IP TITLE Delete TITLE 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 11. I hereby certify that the information supplied with this filling 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.

IG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

FILED Feb 24, 2006 8:00 am

386.255.7336

Daytime Phone #

Date