2006 LIMITED LIABILITY COMPANY

Apr 28, 2006 8:00 am Secretary of State ANNUAL REPORT 04-28-2006 90023 040 ****50.00 DOCUMENT # L01000018928 1. Entity Name TOWER II DEVELOPMENT CO., L.L.C. Principal Place of Business Mailing Address 20038461 315 N. ATLANTIC AVENUE 42 S. PENINSULA DR. DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02152006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 59-3756237 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FINCKE, GERALD B Street Address (P.O. Box Number is Not Acceptable) 315 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118 City Zip Code FI 8. The above named entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Lam familiar with, and accept Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10, TITLE MGR Delete TITLE T] Change Addition FINCKE, GERALD B NAME NAME STREET ADDRESS 315 N. ATLANTIC AVENUE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32118 CITY-ST-ZIP MGRM TITLE □ Delete TITLE Change Addition ANDERSON, GEORGE NAME NAME STREET ADDRESS 315 N ATLANTIC AVE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32118 CITY-ST-ZIP MGRM TITLE Delete TITLE Change Addition ANDERSON, GRETCHEN L NAME NAME STREET ADDRESS 3010 S PENINSULA DR STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32118. CITY-ST-ZIP MGRM TITLE Delete TITLE Addition NAME KARAMITOS, GEORGE NAME STREET ADDRESS 635 N ATLANTIC AVE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32118 CITY-ST-ZIP TITLE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE , Delete ☐ Change Addition # * * * # ph. . * * NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

26-06

FILED