2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 27, 2007 08:00 AM Secretary of State DOCUMENT # L01000019433 1. Entity Name DONNA PROPERTIES, LLC Principal Place of Business Mailing Address 2575 EDISON AVE 2575 EDISON AVE JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 04202007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3755857 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BENTLEY, DONNA S DO NOT WRITE 2575 EDISON AVE JACKSONVILLE, FL 32204 IN THIS SPACE 8. The above named entity submits this state purpose of changing-its registered office or registered agent, or botty in the State of Fiorida. I am familiar with, and accept the obligations of SIGNATURE (NOTE: Bog stored Agent signature required when reinsta Filing Fee Is \$50.00 Due by May 1, 2007 U00000737823 05/11/07-80043-008 50.00 MANAGING MEMBERS/MANAGERS 9. TITLE NAME DONNA, BENTLEY S 2575 EDISON AVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32204 MGRM TITLE JOHN, BENTLEY W NAME STREET ADDRESS 2575 S. EDISON AVE JACKSONVILLE, FL 32204 CITY+ST-7IP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITI F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 ray signature shall have the same legal effect as if made under oath, that I am a managing member of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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

25/07 388-866

FILED