2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

May 02, 2005 8:00 am Secretary of State 05-02-2005 90080 046 ****50.00 DOCUMENT # L01000022254 CHARLOTTE COUNTY PARK OF COMMERCE, LLC dantross Principal Place of Business Mailing Address 3873 SOUTH HORSESHOE DRIVE, SUITE 138 3873 SOUTH HORSESHOE DRIVE, SUITE 138 NAPLES, FL 34184 NAPLES, FL 34184 2. Principal Place of Business 3. Mailing Address 3073 South Haseshae Drive 3073 S. Holseshae Dlive Suite, Apt. #, etc 04272005 Chg-LLC CR2E083 (10/03) Suite 118 Suite 118 Applied For City & State City & State 4. FEI Number lables 04-3589749 Not Applicable 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 MCKINLEY, MICHAEL R ESQ. Street Address (P.O. Box Number is Not Acceptable) 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948 City Zip 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. **MGRM** Change ☐ Addition TITLE ☐ Delete TITLE VETTER, RICHARD NAME NAME 3073 South Hosseshoe Drive Suite # 118 STREET ADDRESS 3873 SOUTH HORSESHOE DRIVE, SUITE 138 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34184 CITY-ST-ZIP TITLE Delete Change TITLE ☐ Addition ARNOLD, DONALD L NAME NAME h Horseshoc Drive Sulto#118 3873-SOUTH HORSESHOE-DRIVE, SUITE 138 STREET ADDRESS STREET ADDRESS NAPLES, FL 34184 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITI F ☐ 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-72P 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 poport as required by Chapter 608, Florida Statutes.

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

FILED

Daytime Phone #