FILED 2008 LIMITED LIABILITY COMPANY Jan 30, 2008 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # L01000022471 1. Entity Name 01-30-2008 90091 017 ***138 75 BRADFORD PROPERTIES OF CENTRAL FLORIDA, LLC Principal Place of Business Mailing Address 100 W PLANT ST. 100 W PLANT ST. WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 60004750 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 11 MERICAM 01212008 Chg-LLC CR2E083 (12/06) City/& State 4. FEI Number Gity & State Applied For 75-2985600 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRADFORD, M. WADE Street Address (P.O. Box Number is Not Acceptable) 100 W PLANT STREET MERICAM WINTER GARDEN, FL-34787 ARDEN 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. Lam 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) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Change TITLE MGR TITLE ☐ Delete Addition BRADFORD, WADE NAME NAME III MERICA 100 W PLANT STREET STREET ADDRESS STREET ADDRESS WINTER GARDEN, FL 34787 CITY-ST-7IP CITY-ST-7IP MGR TITLE ☐ Defete TITLE MILLER BRADFORD, JANICE NAME 400 W PLANT-STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL 34787 CITY-ST-ZIP TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

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