2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 05, 2004 8:00 am Secretary of State 05-05-2004 90008 034 ****55.00 **DOCUMENT # L01000022528** ENCLAVE OF LYNN HAVEN, LLC Principal Place of Business Mailing Address 2750 OLD ST. AUGUSTINE RD. 2750 OLD ST. AUGUSTINE RD. TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 04282004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 74-3045365 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THAMES, WILLIAM G DO NOT WRITE 2750 OLD ST. AUGUSTINE RD. TALLAHASSEE, FL 32301 IN THIS SPACE 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. 4.14 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, 2004 MANAGING MEMBERS/MANAGERS 9. TITLE THAMES, WILLIAM G JR. 518 RIVER ROAD CT. STREET ADDRESS TALLAHASSEE, FL 32301 CITY-ST-ZIP TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS C/TY-ST-ZIP TITLE

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 report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

william 6. Thames, Ir

FILED