2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED Apr 24, 2008 08:00 AN Secretary of State DOCUMENT # L02000006301 GREEN'S CREEK LAND DEVELOPMENT, L.L.C. Principal Place of Business Mailing Address HWY 121 SOUTH P.O. BOX 626 LAKE BUTLER FL 32054 LAKE BUTLER FL 32054 2. Principal Place of Business - No P.O. Box # 3. Mailine Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State Applied For 4. FEI Number 02-0566922 Not Applicable Ζıp Country Zic Couritry \$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 Name DRIGGERS, CASSANDRA S 9678 SE SR 121 Street Address (P.O. Box Number is Not Acceptable) LAKE BUTLER FL 32054 Crtv Z b 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 Spiraturo, typical or or modifiative of registrood agent and the 4 department (NOTE: Registered Agent's grieture required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES ☐ Delete TITLE Addition MGRM THIF Change U00000917891 NAME NAME DRIGGERS, CASSANDRA 05/13/08-80061-003 138.75 STREET ADDRESS STREET ADDRESS PO BOX 626 CITY-ST-ZIP LAKE BUTLER FL 32054 CITY-ST-ZIP BHE Channe Delete BILLE Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P Change TIFLE ☐ Delete 1000 Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET AGDRESS CITY-ST-ZIP CITY-ST-7iP TITLE TITLE ☐ Delete ☐ Change Addition MADJE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-792 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

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