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

FILED Jan 29, 2008 08:00 AN Secretary of State DOCUMENT # L02000012686 1. Entity Name LAUDERDALE LAND HOLDINGS, LLC Principal Place of Business Mailing Address 12985 W. HWY 40 12985 W. HWY 40 OCALA FL 34481 OCALA FL 34481 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 03-0486500 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAILEY, KENNETH SR Street Address (P.O. Box Number is Not Acceptable) 12985 W. HWY 40 OCALA FL 34481 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, bued or printed name of registered amont and title (incohondo (NOTE: Registered Alient's gliature regulied when reinstelling) DATE 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 TITLE ☐ Delete Change Addition NAME BAILEY, KENNETH SR NAME STREET ADDRESS 12985 W. HWY 40 STREET ADDRESS CITY-ST-7IP CITY-ST-Z:P OCALA FL 34481 TITLE **MGRM** ☐ Delete TITLE ☐ Change Addition U00000804057 NAME BAILEY, DONNA NAME 02/05/08-80050-024 138.75 STREET ADDRESS 12985 W. HWY 40 STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP **OCALA FL 34481** TITLE ☐ Delete HIL Change Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIE CITY-ST-Z:P TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIF CITY-ST-Z:P ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delate Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes. 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.

CITY - ST-ZiP

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SIGNATURE: DOMA P. Baily DONNA P. BAILEY 1-27-6

CITY-ST-7IP