2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 29, 2008 8:00 am Secretary of State **DOCUMENT # L02000019833** 04-29-2008 90030 014 ***138 75 PANACEA GULF COAST INVESTMENTS, L.L.C. Principal Place of Business Mailing Address **EDD2TPD9** 8210 LAKEWOOD RANCH BLVD. 8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202 BRADENTON, FL 34202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 55-0804064 Not Applicable Zip Country Zio 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 Name SCHIER, JAMES R Street Address (P.O. Box Number is Not Acceptable) 8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202 Zip Code FL 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) 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. 10. ADDITIONS/CHANGES MGR TITLE TITLE Delete ☐ Change ☐ Addition NEAL, PATRICK K NAME NAME STREET ADDRESS 8210 LAKEWOOD RANCH BLVD. STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition SCHIER, JAMES R NAME NAME STREET ADDRESS 8210 LAKEWOOD RANCH BLVD. STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP S TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HEIM, PRISCILLA G NAME STREET ADDRESS 8210 LAKEWOOD RANCH BLVD. STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-7IP

SIGNATURE

STREET ADDRESS

CITY - ST - 7IP

OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

FILED