2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Secretary of State 06-10-2004 90191 014 ****50.00 DOCUMENT # L02000021489 1. Entity Name WAKULLA BUILDERS, LLC Principal Place of Business Mailing Address 508-A CAPITAL CIRCLE, S.E. 508-A CAPITAL CIRCLE, S.E. TALLAHASSEE, FL TALLAHASSEE, FL 14023704 06072004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0430327 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WIENER, BRUCE I DO NOT WRITE 1300 THOMASWOOD DRIVE TALLAHASSEE, FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 8, 2004 9. MANAGING MEMBERS/MANAGERS TITLE NAME TURNËR, FREDERICK E 508-A CAPITAL CIRCLE, SS.E. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-71P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

FILED Jun 10, 2004 8:00 am

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 prostee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

SIGNATURÉ E OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE