2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 05, 2004 8:00 am Secretary of State DOCUMENT # L02000021491 1. Entity Name 04-05-2004 90496 012 ****55 00 NORTH CENTRAL DEVELOPMENT, L.L.C. Principal Place of Business Mailing Address 5745 S.W. 75TH ST., #332 5745 S.W. 75TH ST., #332 GAINESVILLE, FL 32608-5504 GAINESVILLE, FL 32608-5504 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302004 CR2E083 (10/03) Chg-LLC City & State City & State 4. FEI Number Applied For 75-3081759 Not Applicable Zip Country Zip 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 LASH, ROBERT A ESQ. Street Address (P.O. Box Number is Not Acceptable) 500 E. UNIVERSITY AVE., STE. A GAINESVILLE, FL 32601 City Zip Code FI 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) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change **Addition** MGRM WYSZKOWSKI, LEON NAME MARKE Wyszkowski, Alejandro 5745 SW 75th Street #332 5745 SW 75TH STREET #332 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 326085504 CITY-ST-ZIP Gainesville, FL 32608 5504 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TIT2 F ☐ Change ☐ ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition TITLE 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 11.1 hereby certify that the information supplied with this filing 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.

FILED

-s è: (352) 332-9944 Leon Wyszkowski, Pres. March 30,2004 OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #