2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 19, 2008 8:00 am Secretary of State DOCUMENT # L02000021736 05-19-2008 90187 010 ***138.75 INSIGNIA CONSTRUCTION AND DEVELOPMENT GROUP, LLC Principal Place of Business Mailing Address 60042128 3435 PINE RIDGE ROAD 3435 PINE RIDGE ROAD NAPLES, FL 34109 NAPLES, FL 34109 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05152008 Chg-LLC CR2E083 (12/06) 72 GANSETT AVE 12 GANSET City & State City & State 4. FEI Number Applied For CRANSTON CRANSTON 55-0818196 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 02910 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEUERMAN, PAUL K ESQ. Street Address (P.O. Box Number is Not Acceptable) **ROETZEL & ANDRESS** 850 PARK SHORE DR., THIRD FLOOR NAPLES, FL 34103 City 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 tide if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 1 10. ADDITIONS/CHANGES TITLE MGR TITLE MGR Change ☐ Delete ☐ Addition EMMA, ANTHONYL JR EMMA, ANTHONY L JR. NAME NAME 72 GANSETT AVE STREET ADDRESS 120 WHITE BIRCH CIRCLE STREET ADDRESS CRANSTON, RI 02910 CITY-ST-ZIP HOPE, RI 02831 CITY-ST-ZIP MGR MGR TITLE □ Delete TITLE Change Addition MCINNIS, MARTIN E MCINNIS, MARTIN E NAME NAME 23 BAKER HILL ROAD 8774 MUIRFIELD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP HINGHAM, MA 02043 TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 majer manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MANAGER OR AUTHORIZED REPRESENTATIVE

5/15/08

FILED