2008 LIMITED LIABILITY COMPANY

Mar 24, 2008 8:00 am Secretary of State **ANNUAL REPORT** 03-24-2008 90333 001 *4.168.75 **DOCUMENT #L02000024946** 1. Entity Name MILL CREEK VII INVESTORS LLC Principal Place of Business Mailing Address 30002757 14400 COVENANT WAY 14400 COVENANT WAY BRADENTON, FL 34202 BRADENTON, FL 34202 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03042008 Chg-LLC CR2E083 (12/06) Applied For 4. FEI Number City & State City & State Not Applicable 45-0487877 Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JENSEN, REX E Street Address (P.O. Box Number is Not Acceptable) 14400 COVENANT WAY BRADENTON, FL 34202 Zip Code City 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 FiLE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Addition MGR TITLE ☐ Change Delete TITLE JENSEN, REX E NAME 14400 COVENANT WAY STREET ADDRESS STREET ADDRESS BRADENTON, FL 34202 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITI F NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Detete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

☐ Change

☐ Addition

11. I hereby certify that the information supplied with this fiting 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TM F

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: