2007 LIMITED LIABILITY COMPANY

May 09, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L02000032562 05-09-2007 90026 023 ****50.00 1. Entity Name HLD DEVELOPMENT, LLC 60050019 Principal Place of Business Mailing Address 61 W COLONIAL DR 61 W COLONIAL DR ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4 FEI Number 36-4514482 Not Applicable Zip Country 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 SHOEMAKER, JOHN B Street Address (P.O. Box Number is Not Acceptable) 61 W COLONIAL DR ORLANDO, FL 32801 Zip Code City FL8. 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) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR XXI Change TITLE Delete TITLE KODSI, ALBERT KODSI, ALBERT NAME NAME STREET ADDRESS 61 W COLONIAL DR STREET ADORESS 61 W. COLONIAL DRIVE ORLANDO, FL 32801 CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FLORIDA 32801 ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME SHOEMAKER, JOHN B NAME 61 W COLONIAL DR STREET ADDRESS STREET ADDRESS ORLANDO, FL 328019 CITY-ST-ZIP CITY-ST-ZIP VPT ☐ Delete TITLE Change ☐ Addition COHEN, ODED NAME NAME STREET ADDRESS 61 W COLONIAL DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP ☐ Change ☐ Addition TITE ☐ Delete TITLE KODSI, STEVE STREET ADDRESS 61 W COLONIAL DR STREET ADORESS CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby 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.

<u>4/1/07</u>

ODED COHEN

AUTHORIZED REPRESENTATIVE

(407) 294-7931

Daytime Phone #

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OF

FILED