

# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 24 AM 9:55

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # L02000034212</b><br>1. Entity Name<br>PRESERVE PARTNERS OF NORTH CAROLINA, LLC  |   |  |   |   |  |
| Principal Place of Business<br>2 WEST OAKLAND AVE STE 300<br>OAKLAND, FL 34760  |   |  | Mailing Address<br>PO BOX 1040<br>OAKLAND, FL 34760   |   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address                         |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                        |   |   |  |
| City & State  |   | City & State                               |   |   |  |
| Zip   |   | Country                                    |   | 10172005    Chg-LLC    CR2E083 (10/03)  |  |
| 4. FEI Number<br>NOT APPLICABLE   |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |   |  |   |   |  |
| 6. Name and Address of Current Registered Agent   |   |  | 7. Name and Address of New Registered Agent   |   |  |
| ETCHISON, MICHAEL J<br>2 WEST OAKLAND AVE STE 300<br>OAKLAND, FL 34760  |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div> |   |  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |   |   |  |
| Amended AR is \$50.00   |   |  | Make check payable to<br>Florida Department of State  |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>DAVID, E. NICHOLAS III<br>2 WEST OAKLAND AVE SUITE 300<br>OAKLAND, FL 34760 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="text-align: center;">             600060899446<br/>             10/24/05--01062--010    **50.00           </div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>ETCHISON, MICHAEL J<br>2 WEST OAKLAND AVE STE 300<br>OAKLAND, FL 34760      | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>Kenneth R Martin<br>2 West Oakland Ave Ste 100<br>Oakland, FL 34760<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PARTNER<br>ROBERT SAUNDERS<br>2021 Down Woods Ln<br>Windermere, FL 34786<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Rogers Kirven / Partner<br>2710 Rew Circle Ste 200<br>Ocoee, FL 34761<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 11. I 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. |   |  |   |   |  |
| SIGNATURE: <i>Michael J Etchison</i>  |   |  | 10-17-05  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |  | Date    Daytime Phone #   |   |  |