2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Jul 31, 2006 08:00 AM Secretary of State DOCUMENT # L03000008176 1. Entity Name VAN METER INVESTMENTS, LLC Principal Place of Business Mailing Address 3400 FORT CHARLES DRIVE NAPLES FL 34102-8200 3400 FORT CHARLES DRIVE NAPLES FL 34102-8200 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E083 (4/06) 4. FEI Number Applied For City & State City & State 76-0727970 Not Applicable Zip \$5.00 Additional Country Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAN METER, WILLIAM B Street Address (P.O. Box Number is Not Acceptable) 3400 FORT CHARLES DRIVE NAPLES FL 34102-8200 City Zip Code 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGRM TITLE ☐ Delete TITLE Change ☐ Addition VAN METER, WILLIAM B NAME 3400 FORT CHARLES DRIVE STREET ADDRESS STREET ADDRESS NAPLES FL 34102-8200 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ AddItion VAN METER MARY NAME NAME 3400 PORT CHARLES DR STREET ADDRESS STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete ☐ Change ☐ Add₁tion TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST- 7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY ST - ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby 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.

7-17-06 239-777-3631

FILED