2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 07, 2008 8:00 am Secretary of State **DOCUMENT # L03000027932** 05-07-2008 90021 010 ***138.75 VAN FLEET DEVELOPMENT GROUP CA, LLC Principal Place of Business Mailing Address 103 SOUTH NINTH AVE 103 SOUTH NINTH AVE 60040091 WAUCHULA, FL 33873 WAUCHULA, FL 33873 2. Principal Place of Business - No P.O. Box # 3. Mailing Address III DUO AUE Suite, Apt. #, etc. 04302008 Chg-LLC CR2E083 (12/06) SUITE City & State 4. FEI Number Applied For TERSBURG, FL 20-0125635 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BRONSTEIN, JOEL D** Street Address (P.O. Box Number is Not Acceptable) 150 SECOND AVENUE NORTH, SUITE 1100 ST. PETERSBURG, FL 33701 900 PETERSBURG 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, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM MGRM Delete TITLE TITLE ☐ Addition REED, JOHN W STAR LAND DEVELOPMENT GROUP, LLC MALE NAME 111 2ND AVE NE SUITE 900 STREET ADDRESS 111 2ND AVE NE. SUITE 917 STREET ADDRESS CITY-ST-ZP SAINT PETERSBURG, FL 33701 CITY-ST-ZIP TITLE ☐ Delete TITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP me ☐ Delete TITLE ■ Addition ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COTY-ST-ZIP TITLE ☐ Delete TITI F ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP COTY-ST-ZP TITLE ☐ Detete TITLE ☐ Addition ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Celete ☐ Change Addition MALE MALE STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 11. I hereby certify that the information supplied with this fitting 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED