2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED Mar 31, 2008 08:00 AM Secretary of State DOCUMENT # L03000028205 1. Entity Name H & W DEVELOPERS, LLC Principal Place of Business Mailing Address 4486 CRAYTON RD 4486 CRAYTON RD NAPLES FL 34103 US NAPLES FL 34103 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 56-2382307 Not Applicable Zip Country 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 CREASY, HENRY Street Address (P.O. Box Number is Not Acceptable) 4486 CRAYTON ROAD NAPLES FL 34103 City Zib 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 1200 SIGNATURE ra lingent and tile if applicable INOTE: Registered Agent signature required when reinstaking FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Fiorida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TILE 04/11/08-80095-H8mms8 NAME CREASY, HENRY STREET ADDRESS 4486 CRAYTON RD STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY - ST - Z:P TITLE ☐ Delete TITLE ☐ Change Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP THE ☐ Delete TITLE Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-Z:P TITLE Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME 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 Section 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.

THORIZED REPRESENTATIVE

3.26.08

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Date