2007 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 23, 2007 08:00 A Secretary of State **DOCUMENT # L03000036501** 1. Entity Name PENINSULA PROPERTY, LLC Principal Place of Business Mailing Address P 0 BOX 238417 #3 OCEANS WEST BLVD PORT ORANGE, FL 32123 UNIT 5C5 DAYTONA BEACH SHORES, FL 32118 02152007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAUVEL, HOWARD DO NOT WRITE 233 E RICH AVE DELAND, FL 32724 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS TITLE BEAUREGARD, RICHARD J NAME STREET ADDRESS #3 OCEANS WEST BLVD UNIT 5C5 CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32118 TITLE U00000724709 NAME 05/02/07-80122-022 sp.nd STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAGING MENBER, OR AUTHORIZED REPRESENTATIVE