2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 11, 2008 8:00 am Secretary of State DOCUMENT # L03000040536 04-11-2008 90181 028 ***143.75 LAND ASSOCIATES, L.L.C. Principal Place of Business Mailing Address 2147 PORTER LAKE DRIVE, SUITE B 2147 PORTER LAKE DRIVE, SUITE B SARASOTA, FL 34240 SARASOTA, FL 34240 2. Principal Place of Business - No P.O. Box # 3. Maiing Address Box 15089 3421 EDMONDEUN COURT 03122008 Chg-LLC CR2E083 (12/06) SALASOM FL 4. FEI Number Applied For SARAS OVA 54-2130396 Not Applicable \$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 SAVARY, JOHNSON S JR ESQ. Street Address (P.O. Box Number is Not Acceptable) 1990 MAIN ST, SUITE 700 SARASOTA, FL 34236 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITLE ☐ Delete K Change ☐ Addition 13926 SIENA LOOP W.F. SCUTT, INC. NAME NAME STREET ADDRESS 17507 WATERLINE RB STREET ADDRESS Bradenton, FL. 34202 CITY-ST-ZIP BRADENTON, FL 34212 CITY-ST-ZIP MGR TITLE Change Addition TITLE ☐ Delete 3421 EDMONDSON COURT RICHARD H. ROSENBERG, INC. NAME NAME STREET ADDRESS 2447 PORTER LAKE DRIVE, SUITE B STREET ADDRESS SAMASOTA, FL. 34242 CITY-ST-ZIP SARASOTA, FL. 34248 CITY-ST-ZIP MGR TITLE Delete TITLE Change ■ Addition KEVIN E. BRUNDAGE, INC. NAME NAME STREET ADDRESS 7423 GREYSTONE ST STREET ADDRESS 615 CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2!P TITLE TITLE ☐ Delete ☐ 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.

FILED