2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L03000040630 03-19-2008 90145 033 ***143.75 LAND ASSOCIATES I, L.L.C. PARTAGA Principal Place of Business Mailing Address 2147 PORTER LAKE DRIVE, STE. B 2147 PORTER LAKE DRIVE, STE. B SARASOTA, FL 34240 SARASOTA, FL 34240 3. Mailin Address Box 15089 2. Principal Place of Business - No P.O. Box # 3421 EDMONDSON COURT Suite, Apt. #, etc. Suite, Apt. #, etc. 03122008 Chg-LLC CR2E083 (12/06) APRASONA, FL City & State 4. FEI Number Applied For SARASOTA 54-2130396 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name SAVARY, JOHNSON S JR. 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 Fiorida. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 9. ADDITIONS/CHANGES 10. MGR TITLE Delete TITLE Change Addition NAME W.F. SCUTT, INC. 13926 SIENA LOOP STREET ADDRESS 17507 WATERLINE ROAD-STREET ADDRESS Bracenton, FL. 34202 CITY-ST-7IP CITY-ST-ZIP BRADENTON, FL 34212 TITLE ☐ Delete TITI F NAME RICHARD H. ROSENBERG, INC. NAME 3421 EPMOND SON COURT STREET ADDRESS 2147 PORTER LAKE DRIVE, STE. B STREET ADDRESS SARA SOM, FL. 34242 CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34248 TITLE MGR ☐ Change ☐ Addition ☐ Defete TITLE KEVIN E. BRUNDAGE, INC. NAME NAME STREET ADDRESS 7423 GREYSTONE ST STREET ADDRESS DK CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP TITLE ☐ Delete TITLE 3421 EDMONDSON COURT LAND ASSOCIATES, L.L.C. NAME 2147 PORTER LAKE DRIVE, STE. B STREET ADDRESS STREET ADDRESS SARASOTA, FL 34247 CITY-ST-ZIP SARASOTA, FL 34249 CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP I hereby certify that the information supplied with this filling 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 Mar 19, 2008 8:00 am