2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Mar 29, 2004 8:00 am Secretary of State

03-29-2004 90562 023 ****50.00 **DOCUMENT # L03000042159** CORÓNADO CONDOMINIUM, LLC 24031428 Principal Place of Business Mailing Address 41 N. BELTIN HWY. 41 N. BELTIN HWY. MOBILE, AL 36608 MOBILE, AL 36608 2. Principal Place of Business 3. Mailing Address P.O. Box 160306 41 W. Interstate 65 Service Road N Suite, Apt. #, etc uite. Ant. #. etc. 03162004 Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For 20-090550 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HIGHTOWER, DAVID E Street Address (P.O. Box Number is Not Acceptable) **501 COMMENDENCIA STREET** PENSACOLA, FL 32502 City Zio 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 life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00. Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM Delete TITLE ☐ Change ■ Addition The Mitchell Company, Inc. 44 W. Interstate 65 Service Road N. NAME NAME STREET ADDRESS STREET ADDRESS AL 36608-1201 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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-ZIP ☐ Delete TITLE ☐ Addition ☐ Change 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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 his report as required by Chapter 608, Florida Statutes.

SIGNATURE:

OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE