2007 LIMITED LIABILITY COMPANY

Apr 20, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L03000043585** 04-20-2007 90030 026 ****50.00 HERMITAGE 300, LLC Principal Place of Business Mailing Address P.O. DRAWER 229 P.O. DRAWER 229 TALLAHASSEE, FL 32302-0229 TALLAHASSEE, FL 32302-0229 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182007 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number 20-0401499 Not Applicable Zip Country Country Zip \$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 WAKEMAN, MARY L Street Address (P.O. Box Number is Not Acceptable) 1709 HERMITAGE BLVD SUITE 200 TALLAHASSEE, FL 32308 Zip Code City 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 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM ☐ Change ☐ Addition TITI F TITLE ☐ Delete MCCONNAUGHHAY, JAMES N NAME NAME STREET ADDRESS 1709 HERMITAGE BLVD, SUITE 200 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP MGRM ☐ Change TITLE ☐ Delete TITLE WAKEMAN, MARY L NAME NAME STREET ADDRESS 1709 HERMITAGE BLVD, SUITE 200 STREET ADDRESS TALLAHASSEE, FL 32308 CITY-ST-ZIP CITY-ST-ZIP MGRM ☐ Change ☐ Addition ☐ Delete TITLE TITLE MCCONNAUGHHAY, JOHN W NAME NAME STREET ADDRESS 1709 HERMITAGE BLVD, SUITE 200 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: MALE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

4.19.07

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