2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

Secretary of State DOCUMENT # L03000043639 02-21-2005 90173 009 ****50.00 1. Entity Name SSGP OF FLORIDA, LLC Principal Place of Business Mailing Address 841 PRUDENTIAL DRIVE, SUITE 150 841 PRUDENTIAL DRIVE, SUITE 150 20013092 JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01192005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 20-0381986 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Name DOUGLAS, JEFFREY R Street Address (P.O. Box Number is Not Acceptable) 841 PRUDENTIAL DRIVE, SUITE 150 JACKSONVILLE, FL 32207 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) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. MGR mGR Change ☐ Addition TITLE Delete TITLE Douglas, Jaffrey 841 Prudential Drive, Ste 150 DOUGLAS, JEFFREY NAME NAME STREET ADDRESS 639 E. OCEAN AVE STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33435 CITY-ST-ZIP Jacksonville, FL 32207 ☐ Change ☐ Addition TITI F ☐ Defete TITLE NAME NAME STREET ADORESS 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 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME

FILED Feb 21, 2005 8:00 am

Change

Daytime Phone #

☐ Addition

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 of the receipt or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE: PED OR PRINTED NAME OF SIGNATURE AND

☐ Delete

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP