2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 02, 2005 8:00 am Secretary of State **DOCUMENT # L03000044977** 05-02-2005 90367 033 ****50.00 1. Entity Name DESOTO SAND AND SHELL, L.L.C. Principal Place of Business Mailing Address 105 SOUTH BREVARD AVE P.O. BOX 789 14013027 ARCADIA, FL 34266 ARCADIA, FL 34265 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262005 Chg-LLC CR2E083 (10/03) City & State City & State 4 FEI Number Applied For 20-0588040 Not Applicable Zip Country \$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 WALDRON, EUGENE E JR. Street Address (P.O. Box Number is Not Acceptable) 124 NORTH BREVARD AVENUE ARCADIA, FL 34266 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 Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition TURNER, EUGENE H NAME NAME P.O. BOX 789 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ARCADIA, FL 34265 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition TURNER, EUGENE H JR. NAME NAME P.O. BOX 789 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ARCADIA, FL 34265 CITY-ST-ZIP TITLE MGR TITLE ☐ Delete ☐ Change **K**Addition NAME COLEMAN, GEORGE H. STREET ADDRESS STREET ADDRESS 620 EAST PINE STREET CITY-ST-ZIP CITY-ST-ZIP ARCADIA, FL 34266 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 ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 this report as required by Chapter 608, Florida Statutes.

EUGENE TURNER, JR. MANAGER

SIGNATURE

4/26/05

(863) 494–4777

FILED