2005 LIMITED LIABILITY COMPANY

SIGNATURE:

Apr 27, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L03000048575** 1. Entity Name 04-27-2005 90036 049 ****50.00 KINGSLEY CONSTRUCTION LLC Principal Place of Business Mailing Address 1961 S E 178TH AVE 1961 S E 178TH AVE 14002152 SILVER SPRINGS, FL 34488 SILVER SPRINGS, FL 34488 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212005 Chg-LLC CR2E083 (10/03) Applied For 4. FEI Number 450530160 City & State City & State Not Applicable Zip Country 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 Name SHELDAHL, ROBERT G Street Address (P.O. Box Number is Not Acceptable) 1961 S E 178TH AVE SILVER SPRINGS, FL 34488 Zip Code 9. 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 ADDITIONS/CHANGES 9. 10. MGR TTELE ☐ Delete MLE ☐ Change Addition NAME SHELDAHL, ROBERT G NAME STREET ADDRESS 1961 S E 178TH AVE STREET ADDRESS CITY-ST-ZIP SILVER SPRINGS, FL 34488 CITY-ST-7/P TITLE ☐ Delete TITLE Change | [7] Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete MLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete IΠF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 11. 1 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 specifier or an accurate and contact this report as required by Chapter 608, Florida Statutes.

AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEWBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED