2007 LIMITED LIABILITY COMPANY

Apr 19, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L03000054071** 04-19-2007 90037 012 ****50.00 1. Entity Name EAST POINT PROPERTIES, L.L.C. 400/0419 Principal Place of Business Mailing Address 2010 BEAVER CREEK DR 2010 BEAVER CREEK DR HAVANA, FL 32333 HAVANA, FL 32333 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable 20-0872745 Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOSTER, RUSSELL S Street Address (P.O. Box Number is Not Acceptable) 2010 BEAVER CREEK DR HAVANA, FL 32333 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) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR ☐ Delete TITLE ☐ Change Addition DOSTER, RUSSELL S NAME NAME 2010 BEAVER CREEK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HAVANA, FL 32333 CITY-S1-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Change - 🔲 Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empoweled to execute this eport as required by Chapter 608, Florida Statutes.

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

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Daytime Phone #

FILED