2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 20, 2006 08:00 AM DOCUMENT # L03000055397 **Secretary of State** 1. Entity Name HI-ACRES, LLC Principal Place of Business Mailing Address 22051 N. O'BRIEN ROAD P.O. BOX 547853 HOWEY-IN-THE-HILLS, FL 34737 ORLANDO, FL 32854-7853 CR2E083 (11/05) 02032006 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 26-1501711 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRADSHAW, C. E. JR. DO NOT WRITE 22051 N O'BRIEN RD HOWEY IN THE HILLS, FL 34737 IN THIS SPACE 3. 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 life if applicable (NOTE: Registered Agent signature required when renaliting) DATE Filing Fee is \$50.00 Due by May 1, 2006 1100000475148 04/05/06-80004-003 50.00 9. MANAGING MEMBERS/MANAGERS MGR TITLE MAME BRADSHAW, CHARLES E JR STREET ADDRESS P.O. BOX 547853 CTTV-S1-ZIP ORLANDO, FL 328547853 TITLE NARGE STREET ADDRESS CITY-ST-ZIP TOTE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS City-St-Zip TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions commined 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 508, Florida Statutes.

SIGNATURE:

TIBLE NAME STREET ADDRESS CITY ST-ZIP

> SIGNATURE AND TYPED OF PAR TAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE