2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 17, 2004 8:00 am Secretary of State 03-04-2004 90073 019 ****50 00 **DOCUMENT # L03000056913** 1. Entity Name REHBAUM PROPERTIES 2, LLC 34001716 Principal Place of Business Mailing Address 514 LAKE DORA DR 514 LAKE DORA DR MOUNT DORA, FL 32757 MOUNT DORA, FL 32757 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232004 Chg-LLC CR2E083 (10/03) City & State City & State Applied For 6765098 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name REHBAUM, KATHERINE M. Street Address (P.O. Box Number is Not Acceptable) 514 LAKE DORA DR MOUNT DORA, FL 32757 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 Filing Fee is \$50.00 Due by May 1, 2004 ka check nevable to Florida Department of Sta ENABING MO MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MARINE MY REMBAUM Delete TITLE TITLE Change ☐ Addition NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE Delets ☐ Change ☐ Addition TITLE MAKE 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-ZIP TITLE ☐ Delete TITLE Addition NAME NULE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete . TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CZTY-ST-ZIP 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 or the regerver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

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