2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # L04000003227 01-20-2005 90009 003 ****55.00 1. Entity Name DESOTO CONSTRUCTION CO, LLC Principal Place of Business Mailing Address 40004004 3411 HUNTINGTON PLACE **3411 HUNTINGTON PLACE** SARASOTA, FL 34237 US SARASOTA, FL 34237 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162005 CR2E083 (10/03) Cha-LLC City & State City & State 4. FEI Number Applied For 52-0758345 Not Applicable Zio Country Zio 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 . 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. De borah (NOTE: Registered Agent signature required when reinstating Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. 10. ADDITIONS/CHANGES TITLE TITLE Change ☐ Addition MEIER: RICHARD F NAME NAME STREET ADDRESS 3411 HUNTINGTON PLACE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL. 34237 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITL E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ∸ 🔲 Delete ☐ Addition TILE 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 TITLE 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 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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(941)302-8355

FILED

Jan 20, 2005 8:00 am