2006 LIMITED LIABILITY COMPANY

SIGNATURE

Secretary of State **ANNUAL REPORT** 03-03-2006 90002 043 ****50 00 DOCUMENT # L04000005018 DESÓTO PLANTATION, LLC 20012408 Principal Place of Business Mailing Address **4770 ALBERTON COURT 4770 ALBERTON COURT SUITE 2602 SUITE 2602** NAPLES, FL 34105 NAPLES, FL 34105 US 2. Principal Place of Business 3. Mailing Address 2245 Venetian Court 2245 Venetian Court Suite, Apt. #, etc. Building 4 Suite Apt #, etc. Building 4 02212006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For 4. FEI Number Naples, FL Naples, FL20-0625360 Not Applicable Country Zip Country \$5.00 Additional 34109 5. Certificate of Status Desired П USA 34109 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Bateman, Arthur L. BATEMAN, ARTHUR L Street Address (P.O. Box Number is Not Acceptable) 2245 Venetian Court **4770 ALBERTON COURT SUITE 2602** NAPLES, FL 34105 Building 4 Naples 8. The above named eptity submity 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 28-06-SIGNATURE Signature, ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 31.4EF WITTE SEC. 1831.922 Filing Fee is \$50.00 Due by May 1, 2006 6... Make check payable to \mathcal{H}_{k} Florida Department of State (1) <u> 14 11</u> MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Change ☐ Addition TITLE. ☐ Delete NAME RYAN, JOSEPH NAME STREET ADDRESS 1880 N. BAHAMA AVENUE STREET ADDRESS CITY-ST-ZIP MARCO ISLAND, FL 34145 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE XI Change ☐ Addition BATEMAN, ARTHUR L NAME NAME 2245 Venetian Court, Bldg 4 STREET ADDRESS 4770 ALBERTSON COURT, SUITE 2602 STREET ADDRESS Naples, FL 34109 CITY-ST-ZIP NAPLES, FL 34105 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ுவந்து நிகுந்துக்கு ⊡்Changej≨ ☐ Addition TITLE ☐ Delete TITLE रम्भाव र प्रज्ञाचार विवर्ते भारत है। NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-Or-CITY-ST-ZIP COMMON T 11. I hereby certify that the information supplied with this filing does not quality 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 if made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-28-06

Date

FILED Mar 03, 2006 8:00 am