2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 24, 2006 8:00 am Secretary of State **DOCUMENT # L04000005521** 03-24-2006 90216 004 ****50.00 THE RESERVE AT THREE FORKS MARSH, LLC Principal Place of Business Mailing Address 432 S. BABCOCK STREET **432 S. BABCOCK STREET** MELBOURNE, FL 32901 MELBOURNE, FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03102006 Chg-LLC CR2E083 (11/05) City & State Applied For City & State 4. FEI Number 20-0653912 Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Dean Mead Services LLC FALLACE, JAMES H Street ABOO(FN. BWagniolia AVE.) 1900 S HICKORY ST SUITE A **Suite 1500** MELBOURNE, FL 32901 Orlando Zip C@2803 FL 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. DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A., SOLE MEMBER BY: OF THE WICE PRESSORY OF TH STEVEN C. LEE, VICE PRES. 03/20/06 SIGNATURE (NOTE: Registered Agent signature required when reinstating) red egent and title if applicable Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR TITLE ☐ Delete TITLE Change Addition PEZZEMINTI, ALEXANDER NAME NAME STREET ADDRESS 432 S BABCOCK ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE, FL 32901 TITLE ☐ Delete TITLE ☐ Change ☐ Addition PEZZEMINTI, JERRY J JR NAME 432 S BABCOCK ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP MELBOURNE, FL 32901 MGR TITLE ☐ Delete TITLE Change Addition LEIGHTENBERG, ROBERT L NAME NAME STREET ADDRESS 432 S BABCOCK ST STREET ADDRESS MELBOURNE, FL 32901 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE F ☐ Chance ■ Addition TIRE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CFTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

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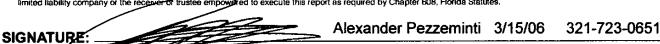
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under 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.

IT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

STREET ADDRESS

CITY-ST-ZIP



NAME

STREET ADORESS

CITY-57-7/P