2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # L04000010890 LANDCREST DEVELOPMENT, LLC Principal Place of Business Mailing Address 93 E. KATHY LANE 93 E. KATHY LANE FREEPORT, FL 32439 FREEPORT, FL 32439 04202006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 76-0752324 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MIXON, STEVEN E DO NOT WRITE 93 E. KATHY LANE FREEPORT, FL 32439 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title of applicable. (NOTE. Registered Agent signature required when roinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. U000000532924 MGRM TITLE 05/06/06-80102-014 50.00 NAME MIXON, STEVEN E 93 E. KATHY LANE STREET ADDRESS CITY-ST-ZiP FREEPORT, FL 32439 MGRM LINGENFELTER, CHARLES STREET ADDRESS 748 ST. JOHN COVE CITY-ST-ZP NICEVILLE, FL 32578 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP DILE

11. (hereby certify that the information supplied with this fitting 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP