2005 LIMITED LIABILITY COMPANY

SIGNATURE

RE AND TYPED OR PRINTED NAME

Feb 09, 2005 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # L04000015303** 02-09-2005 90157 027 ****55.00 LAND ASSOCIATES III, L.L.C. Principal Place of Business Mailing Address 2147 PORTER LAKE DRIVE, SUITE B 2147 PORTER LAKE DRIVE, SUITE B SARASOTA, FL 34240 SARASOTA, FL 34240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032005 Chg-LLC CR2E083 (10/03) 4. FEI Number 080 7027 City & State City & State Applied For Not Applicable \$5.00 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAVAEY, JOHNSON S JR, Street Address (P.O. Box Number is Not Acceptable) 22 SOUTH LINKS AVENUE, SUITE 300 SARASOTA, FL 34236 City Zip Code B. 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE ☐ Delete TITLE ☐ Change ☐ Addition W.F. SCUTT, INC. NAME 17507 WATERLINE ROAD STREET ADDRESS STREET ADDRESS BRADENTON, FL 34212 CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition ☐ Defete TITI F RICHARD H. ROSENBERG, INC. NAME NAME STREET ADDRESS 2147 PORTER LAKE DRIVE, SUITE B STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE KEVIN E. BRUNDAGE, INC. NAME 13926 SIENA LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP ☐ Change Delete ☐ Addition TITLE LAND ASSOCIATES, L.L.C. NAME NAME STREET ADDRESS STREET ADDRESS 2147 PORTER LAKE DRIVE, SUITE B CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filling 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.

FILED