2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED Apr 16, 2008 08:00 A Secretary of State DOCUMENT # L04000021330 1. Entity Name THE OLD CITRUS LAND COMPANY, LLC Principal Place of Susiness Mailing Address 50 SOUTH PALM AVENUE 50 SOUTH PALM AVENUE SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 56-1708585 Not Applicable Zin Country Country \$5.00 Additional 5. Ceruficate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRAHAM, JUDY Street Address (P.O. Box Number is Not Accentable) 50 SOUTH PALM AVENUE SARASOTA FL 34236 City Z-p 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. S:GNATURE Signature, typed or or need name of registered agent and the it appropries (NOTE Brigisterest Asiant's gliature request which constituing) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM ☐ Defeta TITLE ☐ Change Addition U000000900373 04/29/08-80027-005 138.75 GRAHAM, JUDY NAM STREET ADDRESS 50 S PALM DR STREET ADDRESS CITY - ST - ZIP SARASOTA FL 34236 CITY - ST - ZIP Change ☐ Addition ☐ Delete DAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-Z:P Change FILE ☐ Delete Addition NAMA RAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZiP ☐ Delete Change Addition STRLET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP ☐ Delete Change Addition HAME STREET ADDIMESS STHEET ADDRESS CHIY-ST-ZIP CITY - ST ZP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - Z:P

11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 recover or pustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Care

Daytine Pirzic#

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: