2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

Apr 21, 2006 8:00 am Secretary of State **DOCUMENT # L04000021790** 04-21-2006 90017 026 ****50.00 DELÁND GARDENS DEVELOPMENT, LLC Mailing Address Principal Place of Business **300 SUNFLOWER CIRCLE** 300 SUNFLOWER CIRCLE DELAND, FL 32724 DELAND, FL 32724 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number APPLIED FOR 20-4678458 Not Applicable \$5.00 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GILMORE, RICARDO L ESQ. Street Address (P.O. Box Number is Not Acceptable) 201 E. KENNEDY BLVD., SUITE 600 TAMPA, FL 33602 Zip 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. Signature, typed or printed name of registered agent and title if applicable. DATE Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2006 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGRM Change ☐ Addition TITLE ☐ Delete TITI F DELAND HOUSING DEVELOPERS, INC. NAME 300 SUNFLOWER CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELAND, FL 32724 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7F 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Linda A. McDonnell

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-13-06

386-734-2564

FILED