2006 LIMITED LIABILITY COMPANY

May 04, 2006 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # L04000032604** 05-04-2006 90034 011 ****50.00 RED TAIL GOLF CLUB, L.L.C. Principal Place of Business Mailing Address Ellaspoza 26026 MEMBER LANE 26026 MEMBER LANE SORRENTO, FL 32776 SORRENTO, FL 32776 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182006 CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 33-1102705 Not Applicable Country Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Paul Roecker, Esquire DOWNING, HAROLD L Street Address (P.O. Box Number is Not Acceptable) WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A. 250 PARK AVENUE SOUTH, 5TH FLOOR WINTER PARK, FL 32789 1275 Lake Heathrow Lane Zi32746 Heathrow 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 4-20-06 Signature woed or printed name of registered agent and title if applicable SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition 46/46A, LLC NAME NAME STREET ADDRESS 1275 LAKE HEATHROW LANE STREET ADDRESS CITY-ST-ZIP HEATHROW, FL 32746 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

.... Delete

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

NAME

4-20-06

☐ Change

☐ Addition

FILED