2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mar 18, 2005 8:00 am
Secretary of State

02-17-2005 90101 034 ****50.00

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02042005 Chg-LLC CR2E083 (10/03)

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1. Entity Name
2768 RYAN BLVD, LLC

Principal Place of Business	Mailing Address
695 TARPON BAY ROAD SUITE 5 SANIBEL, FL 3397	695 TARPON BAY ROAD SUITE 5 SANIBEL, FL 3397

2. Principal Place of Business	3. Mailing Address
709 Bittersweet Cove Dr.	709 Bittersweet Cove Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Mishawaka IN	City & State: Mishawaka IN
Zip: 46544 Country:	Zip: 46544 Country:

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OWENS, DAVID A 695 TARPON BAY ROAD SUITE 5 SANIBEL, FL 3397	Name: Bruce Tharp Street Address (P.O. Box Number is Not Acceptable): 2768 Ryan Blvd City: Punta Gorda FL Zip Code: 33950

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: B. Bruce Tharp [signature] 2-11-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 1031 REVERSE EXCHANGE COMPANY, LLC 695 TARPON BAY ROAD SANIBEL, FL 3397	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgrm B. Bruce Tharp 709 Bittersweet Cove Dr Mishawaka, IN 46544	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: B. Bruce Tharp [signature] 2-11-05 574 256 7052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #