2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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Feb 01, 2008 8:00 am Secretary of State **DOCUMENT # L04000038343** 02-01-2008 90047 023 ***138 75 CHARLOTTE LAND HOLDING, LLC Principal Place of Business Mailing Address Phhaaaa 126 EAST OLYMPIA AVE, STE 301 126 EAST OLYMPIA AVE, STE 301 PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 41101 Jamiami Irai 4161 Tamiami Trai Suite, Apt. #, etc. Suite, Apt. #, etc. 01232008 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State 20-1159140 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FILEMAN, GARY T Street Address (P.O. Box Number is Not Acceptable) 126 WEST OLYMPIA AVENUE, STE. 301 PUNTA GORDA, FL 33950 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating DATE FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM Change ☐ Addition TITLE Delete TITLE NAME KALER, DAVID J NAME STREET ADDRESS STREET ADDRESS 287 SEBBINS TERRACE CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE, FL 33952 MGRM Delete TITLE TITLE TUCCI, STEVEN M NAME NAME 7147 CURTISS AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34231 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP 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.

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED