2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-29-2005 90038 049 *****50.00

LEU L04000038676

SECRETARY OF STATE VISION OF CORPORATIONS **DOCUMENT # L04000038676** LDCH REAL ESTATE HOLDINGS, LLC. 05 JUL 22 AM 10:48 Principal Place of Business Mailing Address 1320 CRAYTON RD 1320 CRAYTON RD NAPLES, FL 34102 NAPLES, FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. ----Suite, Apt. #, etc.___ 04212005- Chg-LLC-CR2E083 (10/03) City & State 4. FEI Number 75-3159672 City & State Applied For Not Applicable Zio Country Zio Country \$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 ALBERT, LAWRENCE H Street Address (P.O. Box Number is Not Acceptable) 1320 CRAYTON RD NAPLES, FL 34102 City 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 Sgracure, typed or printed name of registered agent and title If applicable. (NOTE: Registered Agent signature required when reinstating) CATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Managing Member ☐ Change 🔯 Addition TITLE ☐ Delete TITLE NAME NAME Albert, Lawrence H STREET ADDRESS STREET ADDRESS 1320 Crayton Rd CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34102 TITLE ☐ Delete TITLE **Member** ☐ Change Addition NAME NAME Lindnor, David H-STREET ADDRESS STREET ADDRESS 597 Palm Circle Bast CITY-ST-ZIP CITY-ST-ZIP Naples FL 34102 TITLE □ Delete TITLE Member Chance Addition Cohen, Howard-KAME NAME STREET ADDRESS STREET ADDRESS 571 Putter Point Place CITY-ST-7IP CITY-ST-ZIP Naples, PL 34102 TITLE Oelete TITLE -Member ☐ Change M Addition Hendello, Christophor NAME NAME STREET ADDRESS STREET ADDRESS 6240 Cypress Hollow Way CITY-ST-ZIP CUTY-ST-ZIP Naples, Ph 34109 TITLE ☐ Deleta TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY.ST. 7P CITY-ST-ZIP Octate TITLE Channe ☐ Addition TITLE 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 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 outrustee empowered to execute this report as reputred by Chapter 608, Florida Statutes.

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SIGNATURE:

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