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2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

May 02, 2008 8:00 am Secretary of State DOCUMENT # L04000041319 05-02-2008 90020 005 ***138.75 CAINPOLE SOUTH, LLC Principal Place of Business - 60038446 Mailing Address 3337 HWY 441/27 3337 HWY 441/27 FRUITLAND PARK, FL 34731 FRUITLAND PARK, FL 34731 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable 20-1134152 Zip Country Country Zip \$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 Name Warren, Ronnie A BROOKER, WILLIAM H Street Address (P.O. Box Number is Not Acceptable) 38233 GRAYS AIRPORT ROAD LADY LAKE, FL 32159 Unity Road Lake 36328 Zip Code 3 4 7 3 / Fruitland Par K 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. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After May 1, 2008 Fee will be \$538.75 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Addition MGRM Delete TITLE TITLE Warren, Ronnie NAME BROOKER, WILLIAM H NAME 36328 Lake Unity Road STREET ADDRESS 38233 GRAYS AIRPORT ROAD STREET ADDRESS Park, 34731 LADY LAKE, FL 32159 CITY-ST-ZIP Fruitland CITY-ST-ZIF MGRM ☐ Change ■ Addition TITLE ☐ Delete TITLE Warren, Tonya E NAME NAME 36328 Lake Unity Road STREET ADDRESS STREET ADDRESS Park', FL 34731 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - SI - 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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED