2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 02, 2005 8:00 am Secretary of State **DOCUMENT # L04000042602** 05-02-2005 90104 044 ****50.00 WENDEL BROTHERS INVESTMENTS, LLC Principal Place of Business Mailing Address P.O. BOX 5378 LAKELAND, FL 33807-5378 5300 SOUTH FLORIDA AVENUE, STE. E-2 20052307 LAKELAND, FL 33813 2. Principal Place of Business 3. Mailing Address 5150 S. Florida Ave. P.O. Box 5078 Suite, Apt. #, etc. Suite, Apt. #, etc. 03292005 Chg-LLC CR2E083 (10/03) Ste. 319 City & State City & State Applied For 4. EW-19327432 Lakeland, Lakeland, Not Applicable Country Country Zip 33807 33813 \$5.00 Additional USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent (same) WENDEL, JOHN F Street Address (P.O. Box Number is Not Acceptable) 5300 SOUTH FLORIDA AVENUE, STE. E-2 LAKELAND, FL 33813 Ste. 300 City Lakeland 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 rematating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITL F Delete TITLE Change ■ Addition MGRM WENDEL, JOHN F NAME NAME Wendel, John F. 225 E. Lemon St. P.O. BOX 5378 STREET ADDRESS STREET ADDRESS Ste. 300 CITY-ST-ZIP LAKELAND, FL 33807 CITY-ST-ZIP Lakeland, FL 33801 MGRM TITLE Delete TITLE Change ☐ Addition MGRM WENDEL, ALBERT G NAME NAME Wendel, Albert G. STREET ADDRESS P.O. BOX 5378 STREET ADDRESS 5150 S. Florida Ave. Ste. 319 COY-ST-ZIP LAKELAND, FL 33807 CITY-ST-ZIP Lakeland FL 33813 TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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. 4/30/05 863/648-9626 SIGNATURE:

MANAGER, OR AUTHORIZED REPRESENTATIVE

73 & CV

FILED

Daytime Phone #