2005 LIMITED LIABILITY COMPANY

Apr 29, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L04000045832** 04-29-2005 90037 043 ****50.00 AZEÉLE DEVELOPMENT, LLC Principal Place of Business Mailing Address 800000508 1111 3RD AVENUE WEST, STE. 110 1111 3RD AVENUE WEST, STE. 110 BRADENTON, FL 34205 BRADENTON, FL 34205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262005 CR2E083 (10/03) Chg-LLC City & State Applied For 4. FEI Number City & State 20-1260033 Not Applicable Country \$5.00 Additional Zip Country Zlp 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLALOCK, WALTERS, HELD & JOHNSON, P.A. Street Address (P.O. Box Number is Not Acceptable) 802 11TH STREET WEST BRADENTON, FL 34205 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, 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE ☐ Addition TITLE ☐ Delete Manager Manager NAME NAME Azeele Development LLC Azeele Development LLC STREET ADDRESS STREET ADDRESS 1111 3rd Avenue West - Ste 110 1111 3rd Avenue West - Ste 110 CITY-ST-ZIP CITY-ST-ZIP Bradenton, Fl 34205 Bradenton, FL 34205 TITLE ☐ Delete TITLE ☐ Change ■ Addition 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 ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Oelete ☐ Change ☐ Addition TITLE TITLE 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 or trustee-empowered to precute this report as required by Chapter 608, Florida Statutes.

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

4/26/05

(941) 748-6612

Devtime Phone #

Jan E. Smith, Manager

SIGNATURE: