2005 LIMITED LIABILITY COMPANY

Apr 28, 2005 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L04000047277 04-28-2005 90035 045 ****50.00 1. Entity Name WILSON DEVELOPERS, LLC Principal Place of Business Mailing Address 2101 WEST PLATT STREET **KOEHLER & COMPANY** 14005756 SUITE 200 1611 WEST PLATT STREET TAMPA, FL 33606 TAMPA, FL 33606 2. Principal Place of Business 3. Mailing Address PLATT ST 2101 Suite, Apt. #, etc. Suite, Apt. #, etc. 04222005 CR2E083 (10/03) Cha-LLC らりってき S00 4. FEI Number 128447 City & State City & State Applied For TAMPA Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired П 154 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nam Keith W Koehler KOEHLER, KEITH W Stree 1611 WEST PLATT STREET Koehler & Company, P.A. TAMPA, FL 33606 502 North Armenia Avenue Tampa, FL 33609 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** (NOTE: Registered Agent signature required when reinstat Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE Delete TITLE ☐ Change ☐ Addition NAME LIST DEVELOPERS, LLC NAME 2101 WEST PLATT STREET, SUITE 200 STREET ADDRESS STREET ADORESS CITY-ST-ZIP TAMPA, FL 33606 CITY-ST-ZIP MGR TITLE ☐ Delete ☐ Channe ☐ Addition LIST PROPERTIES, LLC NAME NAME STREET ADDRESS 2101 WEST PLATT STREET, SUITE 200 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606 CITY-ST-7IP MGR Change TITLE Defete TITLE ☐ Addition NAME DUNEDIN PARTNERS, LLC NAME STREET ADDRESS 1901 ULMERTON ROAD, SUITE 700 STREET ADDRESS CLEARWATER, FL 33762 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ · Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this fi indicated on this report is true and accurate and that m limited liability company or the receiver or trustee emperature. g does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the erept to execute this report as required by Chapter 608, Florida Statutes. rate and that m

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

Change

☐ Addition

FILED