2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE: 4

May 02, 2006 8:00 am Secretary of State **DOCUMENT # L04000058468** 05-02-2006 90032 019 ****50.00 1. Entity Name PTR WETLANDS PRESERVE, L.C. Mailing Address Principal Place of Business 7301A WEST PALMETTO PARK ROAD 7301A WEST PALMETTO PARK ROAD 2004269£ SUITE 104C SUITE 104C BOCA RATON, FL 33433 BOCA RATON, FL 33433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272006 CR2E083 (11/05) Chg-LLC Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Country Country \$5.00 Additional Ziο 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Linnsford, E.C., Jr. Street Address (P.O. Box Number is Not Acceptable) LUNSFORD, JOSEPH L 7301A WEST PALMETTO PARK ROAD, SUITE 104C 161 N. Causeway Suite BOCA RATON, FL 33433 City New Smyrna Beach 8. The above named entity submit this statement to 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 a I.unsford, Jr. (NOTE: Regulated Again signature required when romstating) e i appicable. Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGRM Addition TITLE TITLE MGRM ☐ Change LUNSFORD, JOSEPH L TRUSTEE NAME NAME Lunsford, E.C. Jr. Trustee STREET ADDRESS 7301A WEST PALMETTO PARK ROAD, SUITE 104C STREET ADDRESS 161 N. Causeway Suite 8 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33433 New Smyrna Beach FL TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete 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 CITY-ST-7IP CITY-ST-ZIP De!ete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition 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 quality 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 it made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

386-427-6474

Daytime Phone #

04/27/06

Lunsford, Jr

AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE