2005 LIMITED LIABILITY COMPANY

Mar 17, 2005 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # L04000058955** 03-17-2005 90137 011 ****50.00 1. Entity Name NEW TOWN PROPERTIES, LLC Principal Place of Business Mailing Address 1607 EAST SILVER STAR ROAD 1607 EAST SILVER STAR ROAD OCOEE, FL 34761 OCOEE, FL 34761 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 20-1480543 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRISON, STEVEN Street Address (P.O. Box Number is Not Acceptable) 1607 EAST SILVER STAR ROAD OCOEE, FL 34761 City Zip Code 6. 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 Bignature, typed or printed name of registered agent and blie if applicable. (NOTE: Registered Agent signature required when reinstaling) CATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM Addition Change TITLE TITLE Delete HARRISON, STEVEN NAME KAME 1607 EAST SILVER STAR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCOEE, FL 34761 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME .. STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change 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-ZIP CITY-ST-7IP 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 it 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.

IANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED