2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Feb 23, 2006 8:00 am **Secretary of State DOCUMENT #L04000071369** 02-23-2006 90228 030 ****50.00 ARBÓR WOODS INVESTMENTS, LLC Principal Place of Business Mailing Address 645 CLASSIC CT PO BOX 410558 MELBOURNE, FL 32940 MELBOURNE, FL 32941 3. Mailing Address 2. Principal Place of Business 1910 8znd 1910 S Suite, Apt. #, etc. Suite, Apt. 02182006 CR2E083 (11/05) Chg-LLC City & State 4. FEI Number Applied For 81-0660658 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Indian River and Address of Current Registered Agent 7. Name and Address of New Registered Agent LARKIN, DAVID G Street Address (P.O. Box Number is Not Acceptable) FALLACE & LARKIN, L.C. 1900 S. HICKORY STREET, STE. A MELBOURNE, FL 32901 City Zip Code FL 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 reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. . 10. MGRM . TITLE . Defete HALEY, JOHN NAME NAME 922 BALMORAL WAY STREET ADDRESS STREET ADDRESS MELBOURNE, FL 32940 CITY-ST-ZIP CITY-ST-ZIP MGRM Delete TITLE TITLE Change Change ☐ Addition ADAMS, JIM RID 82nd AUC, SIEZOZ 126 43RD AVENUE SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32968 CITY-ST-ZIP en Precion Delete ngrm Addition TITLE 3 outhern truestments NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME 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 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 if made under oath; that I am a managing member or manager of the limited liability company or the feetiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #

Date