2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 07, 2005 8:00 am Secretary of State **DOCUMENT # L04000072785** 03-07-2005 90057 022 ****50.00 1. Entity Name TURKEY RUN, LLC Principal Place of Business Mailing Address C/O GREGG I. ZUCKERMAN C/O GREGG I. ZUCKERMAN 550 NORTH BUMBY AVE., SUITE 190 550 NORTH BUMBY AVE., SUITE 190 ORLANDO, FL 32803 ORLANDO, FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032005 Chg-LLC CR2E083 (10/03) City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip 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 SWANN & HADLEY, P.A. 1031 WEST MORSE BLVD., SUITE 350 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK, FL 32789 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 Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Make check payable to Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE ___ Delete TITLE ☐ Change Addition ROCK PROPERTIES, INC. NAME NAME 550 N. BUMBY AVE., SUITE 190 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-ZIP **MGRM** □ Delete TITI F ☐ Change ☐ Addition KOKOMO CORP. NAME NAME STREET ADDRESS 2193 TURKEY RUN STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP CITY-ST-7iF TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 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 filling 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 execute this report as required by Chapter 608, Florida Statutes.

G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED