2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 06, 2006 8:00 am Secretary of State DOCUMENT # L04000072785 03-06-2006 90200 040 ****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. 03022006 Chg-LLC CR2E083 (11/05) City & State City & State 4 FEI Number Applied For 84-1658196 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 SWANN & HADLEY, P.A. Street Address (P.O. Box Number is Not Acceptable) 1031 WEST MORSE BLVD., SUITE 350 WINTER PARK, FL 32789 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. (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. MORN JOHN RILEY MGRM TITLE TITLE ☐ Change Addition Delete ROCK PROPERTIES, INC. NAME NAME 4090 SCARLET # IRIS PL. 550 N. BUMBY AVE., SUITE 190 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-ZIP TITLE MGRM ☐ Defete TITLE ☐ Change Addition | KOKOMO CORP. NAME NAME 2193 TURKEY RUN STREET ADDRESS STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete _ _ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-7/P TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. Thereby certify that the information supplied with this filling 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED