2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 28, 2008 8:00 am Secretary of State **DOCUMENT # L04000078786** 04-28-2008 90029 030 ***138.75 PALMETTO HASKO, LLC Principal Place of Business Mailing Address **60023335** 786 S ORANGE AVENUE 786 S ORANGE AVENUE SARASOTA, FL 34236 SARASOTA, FL-34236 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022008 Chg-LLC CR2E083 (12/06) 4. FEI Number City & State City & State Applied For 20-1822743 Not Applicable 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 MYERS, TROY H JR. 2033 MAIN STREET STE. 600 SARASOTA FL 34237 Zip Code 34239 SARASOTA 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 (ed agent and title if applicable. (NOTE: Recistered Agent signature required when rei FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Addition TITLE Delete TITLE ☐ Change NAME OVERSEAS REALTY, INC. NAME 786 S ORANGE AVENUE STREET ADDRESS STREET ADDRESS SARASOTA, FL 34236 CITY-ST-7IP CITY-ST-7IP TITLE Delete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY ST. 7P ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ 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-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TILE ☐ Delete TITLE NAME Free Contractor ANC STREET ADDRESS STREET ADDRESS 11/4 U.S. 151. 45. CTTY-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 cath; 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.

S MANAGORS MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Desprise Prone #

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