2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND THE

Mar 18, 2005 8:00 am Secretary of State **DOCUMENT # L04000079804** 03-18-2005 90384 015 ****50.00 PIPPIN PROPERTIES INVESTMENTS, LLC Principal Place of Business Mailing Address 20022286 210 NW PARK STREET P.O. BOX 462 OKEECHOBEE, FL 34973--046 US SUITE 202 OKEECHOBEE, FL 34972 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-LLC 01192005 CR2E083 (10/03) City & State City & State Applied For Not Applicable Zip Country Country \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PIPPIN, J. NATHAN Street Address (P.O. Box Number is Not Acceptable) 210 NW PARK STREET **SUITE 202** OKEECHOBEE, FL 34972 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, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition PIPPIN, J. NATHAN NAME NAME STREET ADDRESS 210 NW PARK STREET, SUITE 202 STREET ADDRESS OKEECHOBEE, FL 34972 CITY-ST-7IP CITY-ST-7/P MGRM ☐ Delete TITLE Change Addition TITLE PIPPIN, JAMES W NAME STREET ADDRESS 210 NW PARK STREET, SUITE 202 STREET ADORESS CITY-ST-ZIP OKEECHOBEE, FL 34972 CITY-ST-ZIP 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 CITY+ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition 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 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 receiper of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED