2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 29, 2008 8:00 am Secretary of State **DOCUMENT # L04000080136** 04-29-2008 90030 015 ***138.75 EQUITABLE NATIONAL PROPERTY COMPANY, LLC Principal Place of Business Mailing Address 8210 LAKEWOOD RANCH BLVD. 8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202 US BRADENTON, FL 34202 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052008 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable Zip 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 SCHIER, JAMES R Street Address (P.O. Box Number is Not Acceptable) 8210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202 Zip Code City 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) DATE 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. MGR TITLE TITLE ☐ Change Addition ☐ Delete SCHIER, JAMES R NAME NAME STREET ADDRESS STREET ADDRESS 8210 LAKEWOOD RANCH BLVD CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition THE CLOISTERS OF COUNTRYSIDE, LTD. NAME NAME STREET ADDRESS 8210 LAKEWOOD RANCH BLVD STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP Dale E Weidemiller Change 8210 Lakewood Ranch Blud TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS Bradenton CITY-ST-ZIP CHTY-ST-ZIP 34202 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition 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 11. I hereby 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED