2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 31, 2007 8:00 am **Secretary of State DOCUMENT # L04000083249** 01-31-2007 90084 022 ****50.00 LANDOWNERS ASSOCIATION, LLC Principal Place of Business Mailing Address **40003430** 3801 WOODBRIAR TRIAL P.O. BOX 290127 PORT ORANGE, FL 32129 PORT ORANGE, FL 32129 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242007 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State 20-4704946 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STORCH, GLENN D ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O STORCH & MORRIS, LLC 420 SOUTH NOVA ROAD DAYTONA BEACH, FL 32114 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 Sgreature, typed or printed name of registered agent and site if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITLE ☐ Change ■ Addition NAME RENO INVESTMENTS, INC. NAME STREET ADDRESS P.O. BOX 290127 STREET ADORESS PORT ORANGE, FL 32129 CITY-ST-ZIP CITY-ST-78P TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition Delete Change KAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7P CITY-ST-7IP TITLE ☐ Delete 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 HELLERY DELIVERS OF CORP. CALL CITY-ST-71P CITY-ST-7P

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 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.

R, MANAGER, OR AUTHORIZED REPRESENTATIVE

any

ED OR PRINTED MANE OF SIGNING MANAGING MEN

FILED

6/1