2006 LIMITED LIABILITY COMPANY

Apr 13, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L04000091876 04-13-2006 90038 017 ****50.00 WOODLANDS CONSTRUCTION SERVICES, LLC Principal Place of Business Mailing Address 8210 LAKEWOOD RANCH BLVD. 8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202 BRADENTON, FL 34202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202006 Chq-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VOGLER ASHTON, PLLC Suite 420 1001 3RD AVE. WEST Street Address (P.O. Box Number is Not Acceptable) BRADENTON, FL 34205 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 tille if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Make check payable to Due by May 1, 2006 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM □ Delete TITLE Change Addition NAME NEAL, PATRICK K NAME 8210 LAKEWOOD RANCH BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP TITLE MGR ☐ Defete TITLE Change ☐ Addition SCHIER, JAMES R NAME NAME STREET ADDRESS 8210 LAKEWOOD RANCH BLVD STREET ADDRESS City-St-ZIP BRADENTON, FL 34202 CITY-ST-ZIP TITLE ☐ Delete a bollin Ichange akewood forch Blud TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Dolete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 or the experience or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LT WOULD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESEN