2007 LIMITED LIABILITY COMPANY

Mar 16, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L05000001441** 03-16-2007 90155 046 ****50 00 MURFEY REAL ESTATE INVESTMENTS, LLC Principal Place of Business Mailing Address C/O COMING ADVISORS, INC. C/O COMING ADVISORS, INC. 28900 SKYLINE DRIVE 28900 SKYLINE DRIVE STEAMBOAT SPRINGS, CO 80487 STEAMBOAT SPRINGS, CO 80487 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02192007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 34-2030914 Not Applicable Zip Country Zip 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 METZGER, JOHN T MR. Street Address (P.O. Box Number is Not Acceptable) 505 S. Flagler Drive 250/AUSTRALIAN AVENUEXSX SMMEX700 XADAS X JEKNESAS BANKAS KASEW Suite 300 West Palm Beach 33401 8. The above named entity syomits 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. the obligations of registered age title if applicable. (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 9. 10. ADDITIONS/CHANGES TITLE TITLE ☐ Delete Change ☐ Addition THE SPENCER MURFEY, JR. MARITAL TRUST NAME NAME STREET ADDRESS 28900 SKYLINE DRIVE STREET ADDRESS CITY-ST-ZIP STEAMBOAT SPRINGS, CO 80487 CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition THE SPENCER MURFEY, JR. TRUST NAME MAME STREET ADDRESS 28900 SKYLINE DRIVE STREET ADDRESS STEAMBOAT SPRINGS, CO 80487 CITY+ST-ZIP CITY-ST-ZIP 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 CITY-ST-ZIP CITY-ST-ZIP 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 CITY-SI-ZIP 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED