2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L05000005327 01-10-2006 90040 037 ****50.00 MOCCASIN WALLOW, LLC Principal Place of Business Mailing Address 1505 N. FLORIDA AVENUE P.O. BOX 800 4000000 TAMPA, FL 33601 TAMPA, FL 33601 US 2. Principal Place of Business 3. Mailing Address 13909 Carrollwood Village Run 13909 Carrollwood Village Run Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chg-LLC CR2E083 (11/05) Applied For 4. FEI Number City & State City & State Tampa, FL 20-2184564 Not Applicable Tampa, FL \$5.00 Additional Zip Country Zip 33618 Country 5. Certificate of Status Desired UŚA USA Fee Required 33618 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name George B. Karpay KASS, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1505 N. FLORIDA AVENUE TAMPA, FL 33601 13909 Carrollwood Village Run Zip Code 33618 Tampa Actor 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 regis SIGNATURE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR Addition TITLE VΡ Change Change TITLE KASS, MICHAEL NAME NAME 1505 N. FLORIDA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **TAMPA, FL 33601** ☐ Change **Addition** TITLE ☐ Delete TITLE NAME: NAME Dale F. Lewis STREET ADDRESS STREET ADDRESS 13909 Carrollwood Village Run CITY-ST-ZIP Tampa, FL 33618 CITY-ST-ZIP ☐ Delete TIFLE Pres / MGR Change **Addition** TITLE NAME George B. Karpay NAME STREET ADDRESS STREET ADDRESS 13909 Carrollwood Village Run CITY-ST-ZIP CITY-ST-7IP Tampa, FL 33618 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 processes amounted to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 60 ER, OR AUTHORIZED REPRESENTATIVE

FILED

Jan 10, 2006 8:00 am