2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 07, 2006 8:00 am Secretary of State 04-07-2006 90216 039 ****50.00 **DOCUMENT # L05000009465** LOTS FOR SAIL REALTY, LLC 20026262 Principal Place of Business Mailing Address 247 N. COLLIER BLVD. 247 N. COLLIER BLVD. 202 MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 Chg-LLC CR2E083 (11/05) City & State 4. FEI Number 20-2254487 City & State Applied For 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 MORRIS, WILLIAM G Street Address (P.O. Box Number is Not Acceptable) 247 N. COLLIER BLVD. MARCO ISLAND, FL 34145 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR Addition TITLE ☐ Delete TIT) E □ Change NAME Robert Albert Schimek, II NAME STREET ADDRESS STREET ADDRESS 5246 Red Cedar Dr., #103 CITY+ST-ZIP CITY-ST-ZIP Fort Myers, FL 33907 MGR ☐ Delete TITLE Addition 1 TITLE William G. Morris NAME NAME P.O. Box 2056 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Marco Island, FL 34146 TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 signatury 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. 3/29/06 SIGNATURE:

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

FILED

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