2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED **DOCUMENT # L05000016964** 2008 SEP 17 PM 1: 30 AMERIMAC PROPERTIES, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 287 SOUTH INDIANA AVE. 287 SOUTH INDIANA AVE. ENGLEWOOD, FL 34223 ENGLEWOOD, FL 34223 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09152008 Chg-LLC CR2F083 (12/06) City & State City & State Applied For APPLIED FOR 26-20-49522 Not Applicable Zio Country Country Zip \$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 HANEWINCKEL, DEAN Street Address (P.O. Box Number is Not Acceptable) 2650 SOUTH MCCALL ROAD ENGLEWOOD, FL 34224 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 FILE NOWI!! FEE IS \$138.75 Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited Due by September 12, 2008 Florida Department of State liability company did not receive the prior notice. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM Addition FITLE MILE ☐ Change AMERICAN PROPERTIES OF SOUTH WEST FLORIDA 900136249469 09/23/08--01025--001 **150,00 NAME NAME STREET ADDRESS 2000 OYSTER CREEK STREET ADDRESS ENGLEWOOD, FL 34224 CRY-ST-ZIP CITY-ST-ZIP MLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TIME ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change Addition NAME NAME **TREET ADDRESS** STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Change ☐ Addition ☐ Delete IMLE TIME NAME NAME STREET ADDRESS STREET ADDRESS 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 of the receiver or trustee employed to execute this report as required by Chapter 608, Florida Statutes. 9/15/08 941-475-044

SUZANNE E. Stevens

SIGNATURE: