2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 05, 2006 8:00 am Secretary of State **DOCUMENT # L05000018286** 1. Entity Name CAPE CORAL VEST, LLC 05-05-2006 90031 050 ****50.00 Principal Place of Business Mailing Address 6111 PEACHTREE DUNWOODY ROAD, SUITE B-102 6111 PEACHTREE DUNWOODY ROAD, SUITE B-102 ATLANTA, GA 30328-4577 ATLANTA. GA 30328-4577 2. Principat Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 CR2E083 (11/05) Cha-LLC 4. FEI Number City & State City & State Applied For 20-238008-Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code FL 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 Fig. 1 Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when roinstaling) 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. Managing Member William R. Collis, Jr Addition Change ПΠЕ TITLE ☐ Delete NAME 6111 Reachtree Dunwoods Rd, Suite 102B NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Atlanta, GA 30328 CITY-ST-7IP MAME Stan R. Bulling ton STREET ADDRESS 6111 Peachtree Dunwoody Rd, Swite 1028 Delete Addition ΠΠF STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Atlanta, GA 30328 Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DILE ☐ Delete ΠΠΕ NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition De!ete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Add:tion TITLE 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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