2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000021004

1. Entity Name
TOLL-RATTLESNAKE, LLC

FILED
08 APR 30 AM 8: 35
TALLAHASSEE, FLORIDA

04282008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
28341 TAMIAMI TRAIL, SUITE 4 BONITA SPRINGS, FL 34134 US	28341 TAMIAMI TRAIL, SUITE 4 BONITA SPRINGS, FL 34134 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5858 CENTRAL AVE	PO BOX 41847
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETERSBURG, FL	City & State: ST. PETERSBURG
Zip: 33707 Country: USA	Zip: FL Country: 33743-1847

4. FEI Number: 20-4037661 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REINERT, RALPH
28341 TAMIAMI TRAIL, SUITE 4
BONITA SPRINGS, FL 34134

BK

7. Name and Address of New Registered Agent

Name: SEMBLER, GREGORY S.
Street Address (P.O. Box Number is Not Acceptable): 5858 CENTRAL AVENUE
City: ST. PETERSBURG FL Zip Code: 33707

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: Gregory S Sembler 4-29-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SEMBLER FAMILY PARTNERSHIP #42, LTD.		NAME	
STREET ADDRESS	5858 CENTRAL AVENUE		STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707		CITY-ST-ZIP	
TITLE	MGR	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	TOLL FL VII LIMITED PARTNERSHIP		NAME	400127540794
STREET ADDRESS	250 GILBRALTER ROAD		STREET ADDRESS	05/01/08--01001--013 **143.75
CITY-ST-ZIP	HORSHAM, PA 19044		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-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 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: Gregory S Sembler 4-29-08 727-384-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #