2008 LIMITED LIABILITY COMPANY

Apr 29, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L05000024598** 04-29-2008 90030 002 ***138.75 1. Entity Name LVI LAND INVESTMENTS, LLC Principal Place of Business Mailing Address 60031661 8210 LAKEWOOD RANCH BLVD 8210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202 BRADENTON, FL 34202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable 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 SCHIER, JAMES R 8210 LAKEWOOD RANCH BLVD Street Address (P.O. Box Number is Not Acceptable) BRADENTON, FL 34202 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 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 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Detete TITL F ☐ Change ☐ Addition NAME SCHIER, JAMES R NAME STREET ADDRESS 8210 LAKEWOOD RANCH BLVD STREET ADDRESS BRADENTON, FL 34202 CITY-ST-ZIP CITY-ST-ZIP TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition WEIDEMILLER, DALE E NAME NAME STREET ADDRESS 8210 LAKEWOOD RANCH BLVD STREET ADDRESS CITY-ST-ZIP BRADENTON, FL. 34202 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 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE Addition NAME NAME

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND

STREET ADDRESS

CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone

FILED