2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 28, 2008 8:00 am Secretary of State **DOCUMENT #L05000026757** 04-28-2008 90040 030 ***138.75 1. Entity Name **BRANDON PARKWAY LLC** Principal Place of Business Mailing Address 60029945 2910 WEST BAY TO BAY BOULEVARD STE 200 2910 WEST BAY TO BAY BOULEVARD STE 200 TAMPA, FL 33629 TAMPA, FL 33629 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 3410 Henderson Blud 3410 Henderson B\Vd uite, Apt. #, etc 04092008 Chg-LLC CR2E083 (12/06) Suite 200 Suite 4. FEI Number Applied For 20-2515262 Not Applicable **ampa** Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required LLS A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, LAWRENCE W Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BLVD **SUITE 3700** TAMPA, FL 33602 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 Signature, typed or printed name of registered agent and title if applicable Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State right to the MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE Change ☐ Addition TITLE ☐ Detete NAME KENNEDY, DAVID A NAME 3410 Henderson Blvd, Ste 200 Tampa FL 33609 2910 WEST BAY TO BAY BLVD SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33629 CITY-ST-ZIP MGRM ☐ Addition □ Delete TITLE TITLE KENNEDY, JOSEPH A NAME NAME 3410 Henderson Blvd, Ste 200 Tempa FL 33609 2910 WEST BAY TO BAY BLVD SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TAMPA, FL 33629 ☐ Addition MGRM TITLE TITLE GIBSON, WILLIAM L NAME NAME 2910 WEST BAY TO BAY BLVD SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA, FL 33629** Channe ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City+ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

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

FILED