2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE

Apr 28, 2006 8:00 am Secretary of State DOCUMENT #L05000030495 02-10-2006 90171 048 ****50.00 1. Entity Name INDIÁN HARBOR 480, LLC. Principal Place of Business Mailing Address POST OFFICE BOX 3989 POST OFFICE BOX 3989 VERO BEACH, FL 32963 VERO BEACH, FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-2588934 Not Applicable Zip 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 BARRY G. SEGAL, P.A. Street Address (P.O. Box Number is Not Acceptable) 2801 OCEAN DRIVE SUITE 204 VERO BEACH, FL 32963 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE Delete TITLE MRGM Addition ☐ Change Flinchum, Randall P.O. Box 3989 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Vero Beach, FL 32963</u> ☐ Delete TITLE ☐ Change **X** Addition Flinchum, Russell P.O. Box 3989 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Vero Beach, FL 32963</u> ☐ Delete TIT1 F ☐ Change X Addition Schlitt, Lawrence NAME NAME STREET ADDRESS STREET ADDRESS 656 Bouganvillea Lane CITY-ST-ZIP CITY-ST-ZIP Vero Beach, FL 32963 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME 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 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 troe 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.

Date

Daytime Phone #

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

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ATTACHMENT

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