2006 LIMITED LIABILITY COMPANY

SIGNATURE:

SIGNATURE AND TYPED

Jan 17, 2006 8:00 am Secretary of State ANNUAL REPORT 01-17-2006 90056 017 ****50.00 **DOCUMENT #L05000032964 BUCKHEAD RIDGE LAND LLC** Principal Place of Business Mailing Address 515 N. FLAGLER DRIVE, 19TH FLOOR 515 N. FLAGLER DRIVE, 19TH FLOOR WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOOSE, WILLIAM R III Street Address (P.O. Box Number is Not Acceptable) 515 N. FLAGLER DRIVE, 19TH FLOOR WEST PALM BEACH, FL 33401 Zip Code FI 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. DATE (NOTE: Recistered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Delete CRUM, RichARD Change MGR TITLE Addition TITLE CRUM, RICHARD V NAME NAME 515 N. FLAGLER DRIVE, 19TH FLOOR STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33401 CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete Change TITLE TITLE 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 ☐ Change ■ Addition Delete TIME TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7P 11. I hereby certify that the information supplies 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 of paster empowered to execute this report as required by Chapter 608, Florida Statutes.

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED