2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L05000033327 07-28-2006 90071 008 ****50.00 MCABEE REAL ESTATE HOLDINGS, L.L.C. Principal Place of Business Mailing Address 4223 S. JODPHUR COURT 4223 S. JODPHUR COURT OVIEDO, FL 32765 OVIEDO, FL 32765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07052006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4 FEI Number 20-2621984 Not Applicable Zip Country 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 WEATHERFORD, WILLIAM P JR Street Address (P.O. Box Number is Not Acceptable) 1150 LOUISIANA AVENUE SUITE 4 WINTER PARK, FL 32789 Zip Code City 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 Filing Fee is \$50.00 Make check payable to Due by September 6, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS 2. 10. ADDITIONS/CHANGES MGR TITLE Delete TITLE Change □ Addition NAME MCABEE, HARRY S NAME STREET ADDRESS 4223 S. JODPHUR COURT STREET ADDRESS CITY - ST - ZIP OVIEDO, FL 32765 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCABEE, JACQUELYN Y NAME NAME STREET ADDRESS 4223 S. JODPHUR COURT STREET ADDRESS OVIEDO, FL 32765 CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THTLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dolete TITLE 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 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.

AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED Jul 28, 2006 8:00 am