2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TYPER OF PRINTED NAME OF

Feb 05, 2007 8:00 am **Secretary of State** DOCUMENT # L05000034363 02-05-2007 90202 021 ****50.00 PIER POINT INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 401 EAST JACKSON STREET, SUITE 2400 401 EAST JACKSON STREET, SUITE 2400 TAMPA, FL 33602 TAMPA, FL 33602 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5415 Mariner Street 5415 Mariner Street Suite, Apt. #, etc. Suite 200 Suite, Apt. #, etc. 01262007 Chg-LLC CR2E083 (12/06) Suite 200 City & State City & State 4. FEI Number Applied For Tampa, Florida Tampa, Florida 59-7031101 Not Applicable Zip Žin. Country Country \$5.00 Additional 5. Certificate of Status Desired 33609 33609 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAMARGO, TED R <u>GARDNER, MERRITT A.</u> Street Address (P.O. Box Number is Not Acceptable) 5415 Mariner Street 401 EAST JACKSON STREET, SUITE 2400 TAMPA, FL 33602 Suite 200 City T<u>ampa</u> Zip Code 33609 8. The above na hedientity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Elorida. I am familiar with, and accept the obligations gistere i agent. (NOTE Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR MGR TITLE TITLE ☐ Delete X Change ☐ Addition GRIDNER, MERRITT A NAME NAME GARDNER, MERRITT A. STREET ADDRESS 401 E JACKSON ST, STE 2400 STREET ADDRESS 5415 Mariner St., Ste. 200 CITY-ST-ZIP TAMPA, FL 33602 CITY-ST-ZIP Tampa, Florida 33609 MGR TITLE ☐ Delete TITLE Change ☐ Addition HENNESSEY, KEVIN J NAME NAME STREET ADDRESS 124 S FLORIDA AVE, STE 305 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKELAND, FL 33801 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE TITLE ☐ Delete 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 11. I hereby certify that the information supplied with this filling 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 reference of fustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED