2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 02, 2007 8:00 am Secretary of State DOCUMENT # L05000055288 05-02-2007 90357 006 ****50.00 RAW LAND DEVELOPMENT, L.L.C. Principal Place of Business Mailing Address 5049 RUSTIC OAK CIRCLE 5049 RUSTIC OAK CIRCLE NAPLES, FL 34105 NAPLES, FL 34105 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272007 CR2E083 (12/06) Chg-LLC 4. FEI Number Applied For City & State City & State 20-3006075 Not Applicable Zip Zip Country 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 Name MARK J. ALDERUCCIO, P. A., ATTORNEY Street Address (P.O. Box Number is Not Acceptable) 5426 PARK CENTRAL COURT NAPLES, FL 34109 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 the obligations of registered agent. SIGNATURE Signature. Typado or printing 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, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM TITLE Addition TITLE ☐ Delete ☐ Change GOLDMAN, JAMES W NAME NAME STREET ADDRESS 5049 RUSTIC OAK CIRCLE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP **MGRM** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BACON, BONNER STREET ADDRESS 5049 RUSTIC OAK CIRCLE STREET ADDRESS CITY-SI-ZIP NAPLES, FL 34105 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ■ 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 DILE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME

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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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP