2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

Feb 03, 2006 8:00 am Secretary of State DOCUMENT # L05000056439 02-03-2006 90160 001 ***100.00 PLANTATION DEVELOPMENT LLC Principal Place of Business Mailing Address 2425 SADLER ROAD 2425 SADLER ROAD FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State Not Applicable \$5.00 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent F&L CORP Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202 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 Squature, typed or printed name of registered agent and tide if applicable. (NOTE; Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Fiorida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MESIDENT TITLE Addition TITLE ☐ Delete BUSCAIND VICTOR L. 2425 SADLER ROAD NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP FERNONDINA BH, FL 32034 CITY-ST-ZIP VICE PARSIDENT TITLE ☐ Delete TITLE ☐ Change Addition VANLENNEP, HELTON 2425 SADLEN ROAD NAME NAME STREET ADORESS STREET ADDRESS FERNALDINA BH, FL 32034 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CBY-ST-719 CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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 flability company or the property or trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

BUSCAINGJA.

FILED