2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 01, 2008 8:00 am Secretary of State DOCUMENT # L05000059838 04-01-2008 90064 013 ***138.75 1. Entity Name NORTH STONECREST COMMERCIAL PROPERTIES, LLC Principal Place of Business Mailing Address 1700 S.E. 17TH STREET, SUITE 300 1700 S.E. 17TH STREET, SUITE 300 OCALA, FL 34471 OCALA, FL 34471 02082008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2992397 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required .6. Name and Address of Current Registered Agent ---BOYD, BRIAN S DO NOT WRITE 1720 SE 16TH AVE **BLDG 200** IN THIS SPACE OCALA, FL 34471 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, typed or printed name of regist red agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 TITLE NAME ROY THAD BOYD III 1720 SE 16TH AVE BLDG 200 STREET ADDRESS OCALA, FL 34471 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRI CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

FILED