2007 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 13, 2007 08:00 AM Secretary of State *DOCUMENT # L05000060218 THE BENTLEY AT COBB'S LANDING, LLC Principal Place of Business Mailing Address 101 EAST KENNEDY BLVD., SUITE 3300 101 EAST KENNEDY BLVD., SUITE 3300 TAMPA, FL 33602 TAMPA, FL 33602 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 01042007 CR2E083 (12/06) Cha-LLC City & State City & State 4. FEI Number Applied For APPLIED FOR 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 MCDONOUGH, BRIAN J 150 WEST FLAGLER STREET, 2200 MUSEUM TOWER Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33130 Zip Code FI. 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 little if applicable (NOTE: Registered Agen) 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 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE Change Addition NAME THE BENTLY AT COBB'S LANDING INVESTORS LTD NAME U000000705009 STREET ADDRESS 101 E KENNEDY BLVD #3300 STREET ADDRESS 04/23/07-80034-008 50.00 CITY-ST-ZIP TAMPA, FL 33602 CITY-ST-7IP TITLE Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 🔲 Defete TITLE Change Acamon 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 TITLE Defete TITI F 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Date

Daytime Phone #

G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE landing Manager, LLL

SIGNATURE: