2007 LIMITED LIABILITY COMPANY

Apr 27, 2007 8:00 am Secretary of State **ANNUAL REPORT** 04-27-2007 90039 024 ****50.00 DOCUMENT # L05000065322 1. Entity Name WATERBRIDGE ORANGE BLOSSOM, LLC 60042627 Principal Place of Business Mailing Address 50 EAST SAMPLE ROAD 50 EAST SAMPLE ROAD SUITE 400 SUITE 400 POMPANO BEACH, FL 33064 US POMPANO BEACH, FL 33064 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-3092497 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 Name SCHEER, DANA M Street Address (P.O. Box Number is Not Acceptable) 50 EAST SAMPLE ROAD SUITE 400 POMPANO BEACH, FL 33064 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, typed or printed 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 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change Addition FLORESCUE, BARRY W NAME NAME 50 EAST SAMPLE ROAD, SUITE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33064 CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ 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 TITLE ☐ Delete TITI F ☐ 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

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 repetitive or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

CITY-\$T-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

au SIGNATURE AND TYPED OR PRINTED NA SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Delete

Daytime Phone #

☐ Change

Addition

FILED