2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT (AR) FILED Apr 13, 2007 08:00 All Secretary of State DOCUMENT # L05000067281 1. Entity Name 11511 WEST CLAYTON DRIVE, LLC Principal Place of Business Mailing Address 313 CYPRESS STREET 313 CYPRESS STREET FLAGLER BEACH FL 32136 FLAGLER BEACH FL 32136 2. Principal Place of Business No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FFI Number 54-0259290 Not Applicable Zıp Ζıρ 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 Namo LIVINGSTON, WILLIAM I Street Address (P.O. Box Number is Not Acceptable) 313 CYPRESS STREET FLAGLER BEACH, FL FL 32136 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, typed or printed name of registered agent and little it applicable (NOTE: Registored Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Change THILE TITLE **MGRM** ☐ Delete ☐ Addition U00000706 NAME NAME LIVINGSTON, WILLIAM I 04/24/07-80026-022 50.00 STREET ADDRESS STREET ADDRESS 313 CYPRESS STREET CITY-SI-ZIP CITY-ST-ZIP FLAGLER BEACH FL 32136 Delete THIE. HIE ☐ Change Addition MGRM NAME NAME LIVINGSTON, RUTH C STREET ADDRESS STREET ADDRESS 313 CYPRESS STREET CITY-ST-ZIP CITY-S1-ZIP FLAGLER BEACH FL 32136 TITLE ☐ Delete Change Addition MGRM PRICE, RON A STREET ADDRESS STREÉT ADDRÉSS 96 CYPRESS BOULEVARD WEST CITY-ST-ZIP CITY-ST-ZIP HOMOSASSA FL 34446 Addition THE ☐ Delete HILE ☐ Change MGRM PRICE, CORAL A STREET ADORESS 96 CYPRESS BOULEVARD WEST STREET ADDRESS CITY-ST-ZIP HOMOSASSA FL 34446 CITY-ST-ZIP TITLE MGRM ☐ Delete ШЕ Change ■ Addition SNELL, FREDERICK J JR. NAME STREET ADDRESS 6210 W. CORPORATE OAKS DRIVE STREET ADDRESS CITY-ST-7IP **CRYSTAL RIVER FL 34429** CITY-ST-7IP IIILE MGRM Delete TITLE Change ☐ Addition NAME SNELL, JULIE B 6210 W. CORPORATE OAKS DRIVE STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. t 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 managor of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CHY-ST-ZIP

SIGNATURE: NAME OF SIGNATURE AND TYPED OR PRINTE AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

CRYSTAL RIVER FL 34429

4-9-07 386-439-7097