2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 16, 2007 8:00 am Secretary of State DOCUMENT # L05000068930 04-16-2007 90339 050 ****55.00 GREAT OAK PROPERTY MANAGEMENT, LLC Principal Place of Business 60036573 Mailing Address 5120 GREAT OAK DRIVE 5120 GREAT OAK DRIVE LAKELAND, FL 33815 LAKELAND, FL 33815 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032007 Chq-LLC CR2E083 (12/06) 4. FEI Number 20-3348752 Applied For City & State City & State APPLIED FOR Not Applicable Zip 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 Name LITTLE, THOMAS C Street Address (P.O. Box Number is Not Acceptable) 2123 N.E. COACHMAN ROAD Zip Code FL 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 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 ADDITIONS/CHANGES 9. 10. MGR TITLE TITLE Change ☐ Addition ☐ Delete MEYERSON, STEVE NAME NAME 5120 GREAT OAK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33815 CITY-ST-ZIP Addition MGR ☐ Change ☐ Delete TITLE TITLE FORSBERG, JAMES NAME NAME STREET ADORESS 5120 GREAT OAK DRIVE STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33815 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITI F ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 receiver provide empowered to execute this report as required by Chapter 608, Florida Statutes. STEVE MEYRUGUN MANAGEL - 07 SIGNATURE: SIGNATURE AND TY OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE