2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 01, 2008 08:00 Al Secretary of State DOCUMENT # L05000069043 DONEGAN CORNERS INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 1254 S. JOHN YOUNG PARKWAY 1254 S. JOHN YOUNG PARKWAY KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 DO NOT WRITE IN THIS SPACE 01182008 No Chg-LLC CR2E083 (12/07) 4. FEI Number Applied For 20-3156694 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHALIFOUX, THOMAS E JR. DO NOT WRITE 1254 S. JOHN YOUNG PARKWAY KISSIMMEE, FL 34741 IN THIS SPACE 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 eignature required when reinstalling FILE NOWIII FEE IS \$138.75 U00000876672 04/11/08-80082-021 138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE CHALIFOUX, THOMAS E JR. NAME STREET ADDRESS 1254 S. JOHN YOUNG PARKWAY CITY-ST-ZIP KISSIMMEE, FL 34741 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 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 fective or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE