2006 LIMITED LIABILITY COMPANY

Mar 23, 2006 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # L05000079500 03-23-2006 90258 040 ****50.00 YOUNGSTOWN TIMBERLAND, LLC Principal Place of Business Mailing Address 12226 PANAMA CITY BEACH PARKWAY 12226 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH, FL 32407 PANAMA CITY BEACH, FL 32407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01312006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-335 0320 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 DAVID, SPENCER Street Address (P.O. Box Number is Not Acceptable) 12226 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH, FL 32407 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 Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete me ☐ Change Addition DURDEN, EARL NAME NAME 12226 PANAMA CITY BEACH PARKWAY STREET ADORESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL. 32407 CITY-ST-ZIP MGRM ☐ Delete Change ☐ Addition SPENCER, DAVID NAME NAME STREET ADDRESS 12226 PANAMA CITY BEACH PARKWAY STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL 32408 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition ROPA, MICHAEL NAME 12226 PANAMA CITY BEACH PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL 32407 CITY-ST-ZIP **MGRM** TITLE ☐ Delete ☐ Addition BENTLEY, JONATHAN NAME NAME STREET ADDRESS 12226 PANAMA CITY BEACH PARKWAY STREET ADDRESS PANAMA CITY BEACH, FL 32408 CITY+ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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Supplied Topics

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone # GER, OR AUTHORIZED REPRESENTATIVE