2006 LIMITED LIABILITY COMPANY

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Apr 20, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L05000079995** 04-20-2006 90036 050 ****50.00 COTTONWOOD PROPERTIES, LLC Principal Place of Business Mailing Address 3912 CANYON LAKE POINT 3912 CANYON LAKE POINT LAKELAND, FL LAKELAND, FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-34/6529 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 MILLER, J. RICHARD Street Address (P.O. Box Number is Not Acceptable) 3912 CANYON LAKE POINT LAKELAND, FL 33813 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 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, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Detete TITLE ☐ Change ■ Addition MILLER, J. RICHARD NAME NAME 3912 CANYON LAKE POINT STREET ADDRESS STREET ADDRESS LAKELAND, FL 33813 CITY-ST-ZIP CITY-ST-ZIP □ Delete ☐ Change ☐ Addition TITLE TITLE 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 TITLE ☐ 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

FILED

☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filling 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 another 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 prospect on execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete