2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Apr 26, 2007 8:00 am Secretary of State DOCUMENT # L05000087063 04-26-2007 90039 048 ****50.00 PELICAN BAY WINDERMERE, LLC Principal Place of Business Mailing Address りいれるエオやり 26381 S. TAMIAMI TRAIL 26381 S. TAMIAMI TRAIL SUITE 300 SUITE 300 **BONITA SPRINGS, FL 34134** BONITA SPRINGS, FL 34134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 81-0679287 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 CONROY, J. THOMAS III Street Address (P.O. Box Number is Not Acceptable) 2210 VANDERBILT BEACH ROAD **SUITE 1201** NAPLES, FL 34109 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, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE TITI F ☐ Delete ☐ Change ☐ Addition NASHMAN HOLDINGS, LLLP NAME NAME STREET ADDRESS 26381 S. TAMIAMI TRAI, SUTIE 300 STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 3414 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ 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 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this fifting does not quality 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 impowered to expect this report as required by Chapter 608, Florida Statutes.

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