2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SECRETARY OF STATE DIVISION OF COSPORATIONS DOCUMENT #L05000088368 06 JUL 10 AM 11: 05 GUNTER VILLAGE, LLC Principal Place of Business Mailing Address 2151 VOLUNTEER PARKWAY 2151 VOLUNTEER PARKWAY BRISTON, TN 37620 BRISTON, TN 37620 3. Mailing Address
Attn: Michael D. Hamlin 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 07062006 Chg-LLC CR2E083 (11/05) P.O. Box 3142 City & State City & State 4. FEI Number Applied For 20-3485738 Not Applicable Bristol, 37625 Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Craig A. Minegar, WHWW, Inc. MINEGAR, CRAIG A Street Address (P.O. Box Number is Not Acceptable) 250 PARK AVENUE SOUTH, 5TH FLOOR 390 N. Orange Ave. WINTER PARK, FL 32789 Suite 1500 City Orlando Zip Code 32801 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. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by September 6, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. TITLE MGR ☐ Change Addition TITLE ☐ Defete J. Michael Nidiffer NAME NAME STREET ADDRESS 2151 Volunteer Parkway STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Bristol, TN 37620 MGR ☐ Delete ☐ Change ☐ Addition TITLE TITLE J. Brent Roswall NAME NAME STREET ADDRESS 2151 Volunteer Parkway STREET ADDRESS CITY-ST-ZIP Bristol, TN 37620 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME 700077535627 07/14/06--01051--014 **50 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESE

SIGNATURE: J. Michael Nidiffer

7-06-06

423-968-5971

Daytime Phone #