2006 LIMITED LIABILITY COMPANY

Apr 26, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L05000090047** 04-26-2006 90148 001 ****50.00 1. Entity Name LAUREL OAKS DEVELOPMENT, LLC 20036400 Principal Place of Business Mailing Address 61 WEST COLONIAL DRIVE 61 WEST COLONIAL DRIVE ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 Chg-LLC CR2E083 (11/05) City & State City & State ... 4. FEI Number 20-3461454 Applied For Not Applicable Zip Country 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 SHOEMAKER, JOHN B Street Address (P.O. Box Number is Not Acceptable) 61 WEST COLONIAL DRIVE ORLANDO, FL 32801 City Zip Code F١ 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. Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE ☐ Delete TITLE ☐ Change Addition Kodsi, Albert 61 W. Colonial Drive NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP) Orlando, Florida 32801 TITLE Delete TITLE Change XAddition. NAME NAME Shoemaker, John B. STREET ADDRESS STREET ADDRESS 61 W. Colonial Drive CITY-ST-ZIP CITY-ST-ZIP Orlando, Florida TITLE ☐ Defete TITLE VPT Change X Addition Cohen, Oded 61 W. Colonial Drive NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Orlando, Florida CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■XAddition Kodši, Steve 61 W. Colonial Drive NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orlando, Florida 32801

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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☐ Delete

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER

TITLE

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TITLE

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