2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 24, 2008 8:00 am Secretary of State DOCUMENT # L05000094581 04-24-2008 90022 001 ***138.75 C.D. ANGLER L.L.C. Principal Place of Business Mailing Address 16 FIRST STREET **16 FIRST STREET 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. 04212008 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number 42-1690752 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 VONDERAU, DAVID Street Address (P.O. Box Number is Not Acceptable) 16 FIRST STREET BONITA SPRINGS, FL 34134 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 Fiorida. 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) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE □ Delete TITLE ☐ Change ■ Addition BOHLEY, CHARLES P NAME NAME STREET ADDRESS 13 FIRST ST STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34134 CITY-ST-ZIP MGRM TITLE Change ☐ Delete TITLE ☐ Addition VONDREAU, DAVID M NAME VONDERAU, DAVID M 16 FIRST ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS, FL 34134** CITY-ST-ZIP TITLE ☐ Delete TITLE MGRM ☐ Change Addition NAME BOHLEY, ANN C STREET ADDRESS STREET ADDRESS 13 FIRST ST CITY-ST-7IP CITY-ST-ZIP BONITA SPRINGS FL 34134 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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.

M. Vandeme, DAVID M. WONDERAU MERM 4/21/08 239-