2006 LIMITED LIABILITY COMPANY ANNUAL REPORT.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME

SARASOTA, FL 34240

Jan 24, 2006 8:00 am Secretary of State 01-24-2006 90064 038 ****55.00 DOCUMENT #L05000095180 LAND ASSOCIATES VII. L.L.C. Principal Place of Business Mailing Address 20002637 2147 PORTER LAKE DRIVE 2147 PORTER LAKE DRIVE **SUITE B** SUITE B SARASOTA, FL 34240 SARASOTA, FL 34240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number 20-3544795 Applied For 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 SAVARY, JOHNSON S JR. Street Address (P.O. Box Number is Not Acceptable) 1990 MAIN STREET SUITE 700 SARASOTA, FL 34236 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: typed or printed name of registered agent and tide # applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2006 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MCR Delete TITLE Change ☐ Addition W.F. SCUTT, INC. NAME 17507 WATERLINE ROD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34212 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME RICHARD H. ROSENBERG, INC. NAME STREET ADDRESS 2147 PORTER LAKE DRIVE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME KEVIN E. BRUNDAGE, INC. NAME STREET ADDRESS 13926 SIENA LOOP STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP TITLE ☐ Delete DITLE Change ☐ Addition LAND ASSOCIATES L.L.C. NAME NAME 2147 PORTER LAKE DRIVE STREET ADDRESS STREET ADDRESS

FILED

☐ Change

☐ Change

■ Addition

☐ Addition

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-SJ-21P

CITY-ST-ZIP

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TITLE

NAME

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941-371-9800 KILHNO H. KOSENBYY SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGIN