2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 21, 2007 8:00 am **DOCUMENT #L05000097022 Secretary of State** 03-21-2007 90164 010 ****50.00 PROFESSIONAL PROPERTY MANAGEMENT SERVICES. HC Principal Place of Business Mailing Address 1501 S ALEXANDER ST STE 101 PO BOX 3566 0004/026 PLANT CITY, FL 33563 PLANT CITY, FL 33563 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1507 S. Alexander St. Suite, Apt. #, etc Suite, Apt. #, etc. 03182007 Chg-LLC CR2E083 (12/06) Suite 103 Applied For City & State City & State 4. FEI Number Plant City, FL 02-0756005 Not Applicable ^{Др} 33563 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 MCGRATH, GAIL C 1501 S ALEXANDER ST STE 101. 1507 S. Alexander St. Street Address (P.O. Box Number is Not Acceptable) PLANT CITY, FL 33563 Suite 103 City Zip Code FL 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 (NOTE: Recistered Agent maneture required when reinstating) DATE Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM 7M F Delete TITS F ☐ Change Addition MCGRATH, GAIL C NAME STREET ADDRESS PO BOX 3566 STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33563 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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-71P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME MALE 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.

IER, MANAGER, OR AUTHORIZED REPRESENTATIVE

C. McDail

ND TYPED OR PRINTED NAME OF SIG

FILED

813-747-1128