2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 04, 2008 8:00 am Secretary of State **DOCUMENT # L05000111284** 1. Entity Name 02-04-2008 90134 013 ***138.75 INDIGO CLERMONT LLC Principal Place of Business Mailing Address 1530 CORNERSTONE BOULEVARD P.O. BOX 10809 **SUITE 100** DAYTONA BEACH, FL 32120-0809 US DAYTONA BEACH, FL 32117 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 CR2E083 (12/06) Chg-LLC Applied For City & State 4. FEI Number City & State NOT APPLICABLE Not Applicable Zip Country Country Zip \$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 APGAR, ROBERT F Street Address (P.O. Box Number is Not Acceptable) 1530 CORNERSTONE BOULEVARD SUITE 100 DAYTONA BEACH, FL 32120-0809 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM ☐ Delete TITLE ☐ Change ■ Addition TITLE INDIGO DEVELOPMENT, INC. NAME NAME 1530 CORNERSTONE BOULEVARD SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 321200809 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-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.

Development Inc as Managing General Partner

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE LE LINDA Crisp, Secretary

TITLE

STREET ADDRESS CITY-ST-ZIP ☐ Delete

386-274-2202

☐ Change

■ Addition

FILED