2007 LIMITED LIABILITY COMPANY

Mar 01, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT #L05000121792 03-01-2007 90193 022 ****50.00 CANALSIDE PROPERTIES, LLC Principal Place of Business Mailing Address 60020279 255 MAGNOLIA AVE., S.W. C/O MARK TURNER WINTER HAVEN, FL. 33880 P.O. BOX 2295 WINTER HAVEN, FL 33883-2295 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132007 CR2E083 (12/06) Chg-LLC City & State 4. FEI Number Applied For City & State Not Applicable 20-3991243 Zip Country Zip Country \$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 TURNER, MARK G ESQ. Street Address (P.O. Box Number is Not Acceptable) 255 MAGNOLIA AVE., S.W. WINTER HAVEN, FL 33880 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 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 DATE (NOTE Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ☐ Change ☐ Addition TITLE MGRM ☐ Delete TITLE TURNER-REED DEVELOPMENT, LLC NAME NAME P.O. BOX 2295 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 338832295 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZiP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

11. Thereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

MARK G. TURNER, President of Turner Management services, Inc., General Partner of Turner Ltd., a member of Turner-reed Development, LLC, a member 293-1184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

☐ Change

■ Addition

FILED