2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L05000122165 02-16-2007 90179 009 ****50.00 TRB EDGEWATER, LLC Principal Place of Business Mailing Address 301 SOUTH CENTRAL AVENUE 301 SOUTH CENTRAL AVENUE FLAGLER BEACH, FL 32136 FLAGLER BEACH, FL 32136 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132007 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number 20-4093288 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 SMITH, RICH Street Address (P.O. Box Number is Not Acceptable) 301 SOUTH CENTRAL AVENUE FLAGLER BEACH, FL 32136 City Zip Code F 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 title if applicable. (NOTE: Registered Agent signature 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. ☐ Addition TITLE ☐ Change TITLE ☐ Delete LIGHTHOUSE DEVELOPMENT GROUP, INC. NAME NAME STREET ADDRESS 301 S CENTRAL AVE STREET ADDRESS FLAGLER BEACH, FL 32136 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition THIF Channe TITLE 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 - ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE 🔲 Çhange NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

FILED Feb 16, 2007 8:00 am

URE: BICH SMITH 3-14-07 386-439-3011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dole DoyUTIO Proce #

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11. I hereby 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.

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