SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Feb 15, 2007 8:00 am Secretary of State DOCUMENT # L06000004777 1. Entity Name 02-15-2007 90278 032 ****50.00 VAN DYKE PROPERTY, LLC Principal Place of Business Mailing Address 3036 WEST BEARSS AVENUE 3036 WEST BEARSS AVENUE **TAMPA FL 33618** TAMPA FL 33618 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 20-4133 Not Applicable Country 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 BAUER, JEFFREY-M-Street Address (P.O. Box Number is Not Acceptable) 2033-MAIN STREET SUITE-600 SARASOTA-FL-34237 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TATLE **MGRM** Delete THE Change ☐ Addition NAME NAME FECHTEL DESIGN AND DEVELOPMENT COMPANY STREET ADDRESS STREET ADDRESS 3036 WEST BEARSS AVENUE CITY-ST-ZIP CHY-S1-ZIP **TAMPA FL 33618** TITLE ☐ Detete TITLE Change ← Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CHY-ST-ZIP HILE ☐ Delete TITLE □ Change ☐ Addition NAMI STREET ADDRESS STREET ADDRESS CTIY-ST-ZIP CHY-ST-789 THE ☐ Delete 11111 ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TODE HILE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE THYE ☐ Delete TITLE ☐ Change ☐ Addition 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 Section 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 eath; 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.

FILED