2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 13, 2007 8:00 am Secretary of State **DOCUMENT # L06000006495** 1. Entity Name BRECKENRIDGE INVESTMENT, LC 03-13-2007 90274 001 ***100.00 Principal Place of Business Mailing Address 213 LINKSIDE CIRCLE 213 LINKSIDE CIRCLE 30002310 PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 03102007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. EEI Number Not Applicable Zip 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 POLSTER, RUTH P 209 LINKSIDE CIRCLE Street Address (P.O. Box Number is Not Acceptable) PONTE VEDRA BEACH, FL 32082 City 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 itle 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 10. ADDITIONS/CHANGES MGRM TITLE TTR F ☐ Delete ☐ Change ■ Addition NAME POLSTER, LEIGH B NAME 213 LINKSIDE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP TITLE Delete TITLE ■ Addition NAME POLSTER, ROBERT W NAME STREET ADDRESS 213 LINKSIDE CIRCLE STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition 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.

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