04/27/2007 12:03 3053817116 WOLFELAW

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90335 008 ****55.00

04272007 Chg-LLC CR2E083 (12/06)

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000030709

1. Entity Name
TOC REAL ESTATE LLC

Principal Place of Business	Mailing Address
200 W WELBOURNE AVE SUITE 7 WINTER PARK, FL 32879	200 W WELBOURNE AVE SUITE 7 WINTER PARK, FL 32879

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1069 W Morse Blvd	1069 W Morse Blvd
Suite, Apt. #, etc.: Suite 1	Suite, Apt. #, etc.: Suite 1
City & State: Winter Park, FL	City & State: Winter Park, FL
Zip: 32789 Country:	Zip: 32789 Country:

4. FEI Number: 74-3170185 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLFE, RICHARD C
100 SE SECOND ST
SUITE 3300
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name: Wolfe Richard C
Street Address (P.O. Box Number is Not Acceptable): 100 SE Second St.
Suite 3300
City: Miami FL Zip Code: 33131

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] — 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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LINDERS, JEANNIE 200 W WELBOURNE AVE SUITE 7 WINTER PARK, FL 32879	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Linders, Jeannie 9210 Ridge Pine Trail Orlando, FL 32819	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Grant, Joanne C. 1243 Lake Willisara Circle Orlando FL 32806	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: [signature] 4-27-07 407-478-1700

Signature and typed or printed name of signing managing member, manager, or authorized representative — Date — Daytime Phone #