2007 LIMITED LIABILITY COMPANY

Feb 26, 2007 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # L06000040824 02-26-2007 90309 022 ****50 00 CENTER STATE PROPERTIES, LLC Principal Place of Business Mailing Address 3261 SE 31ST STREET 3261 SE 31ST STREET OCALA, FL 34471 OCALA, FL 34471 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062007 Chg-LLC CR2E083 (12/06) 4. FEI Number 20 47967 Applied For City & State City & State 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 KLUGGER, DEBORAH Street Address (P.O. Box Number is Not Acceptable) 3261 SE 31ST STREET OCALA, FL 34471 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 reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR Addition MILE ☐ Delete TITLE Change KLUGGER, DEBORAH NAME NAME STREET ADDRESS 3261 SE 31ST STREET STREET ADDRESS CfTY-ST-ZIP OCALA, FL 34471 CITY-ST-ZIP Change TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 7th F ☐ Change TITLE □ Detete Addition 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-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 fusice empowered to execute this report as required by Chapter 608, Florida Statutes.

ER, MANAGER, OR AUTHORIZED REPRESENTATIVE