2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 20, 2007 8:00 am **Secretary of State** DOCUMENT # L06000045597 03-20-2007 90139 004 ****50.00 SHINGLER PROPERTIES IV LLC Principal Place of Business Mailing Address 555 FOXCREEK DR 60025347 **555 FOXCREEK DR** LEHIGH ACRES, FL 33936 LEHIGH ACRES, FL 33936 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For Not Applicable 7in 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 SHINGLER, WENDELL Street Address (P.O. Box Number is Not Acceptable) 555 FOXCREEK DR LEHIGH ACRES, FL 33936 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent algosture required when rainstating) Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM IME TITLE Channe ☐ Addition ☐ Delete SHINGLER, WENDELL NAME 555 FOXCREEK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES, FL 33936 CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

AGER, OR AUTHORIZED REPRESENTATIVE

FILED