2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 07, 2008 8:00 am Secretary of State DOCUMENT # L06000049606 03-14-2008 90200 011 ***138.75 1. Entity Name TYLER INVESTMENT PROPERTIES. LLC 30000000 Principal Place of Business Mailing Address 1034 RIDGEWOOD AVE STE 1 1034 RIDGEWOOD AVE STE 1 HOLLY HILL, FL 32117 HOLLY HILL, FL 32117 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-LLC 01042008 CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-4941594 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Tyler, Stephen W. TYLER, ATEPHEN W. Street Address (P.O. Box Number is Not Acceptable) 1034 Ridgewood Ave. 103.4 RIDGEWOOD AVE STE 1 Ste. HOLLY HILL, FL 32117 City Holly Hill 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 eignature required when rainstating) DATE Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM MGRM XIX Delete TITLE TITLE XIXI Channe ☐ Addition Tyler, Stephen W. TYLER, STEVEN W NAME NAME 1034 RIDGEWOOD AVE #1 STREET ADDRESS STREET ADDRESS 1034 Ridgewood Ave. #1 CITY-ST-7IP HOLLY HILL, FL 32117 CITY-ST-7IP Holly Hill, FL 32117 MGR ☐ Delete TTLE TITLE ☐ Change Addition TYLER, SALOME NAME NAME 1034 RIDGEWOOD AVE #1 STREET ADDRESS STREET ADDRESS HOLLY HILL, FL 32117 CITY-ST-ZIP CITY-ST-ZIP MLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change TILE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE → 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete шт ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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SIGNATURE

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

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