2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jan 16, 2008 08:00 AN Secretary of State DOCUMENT # L06000054452 1. Entity Name CAVCO, LLC Mailing Address Principal Place of Business 4600 NE SPINNAKER POINT PLACE 4600 NE SPINNAKER POINT PLACE STUART, FL 34996 STUART, FL 34996 01122008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1238863 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NORMAN, KENNETH A DO NOT WRITE 2400 S.E. FEDERAL HIGHWAY, 4TH FLOOR STUART, FL 34994 IN THIS SPACE 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 trie if applicable (NOTE: Pegistered Agent signature required when retrikating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME CAVALLARO, CHARLES J 4600 NE SPINNAKER POINT PLACE STREET ADDRESS City-ST-ZIP STUART, FL 34996 U00000786546 01/17/08-80043-022 138.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MALJE STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS

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 property of the exemptions contained by Chapter 608, Florida Statutes.

SIGNATURE:

OFFICEST-782 TITLE NAME STREET ADDRESS CRTY-ST-ZIP

FILED