2008 LIMITED LIABILITY COMPANY

Jan 07, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L06000054521 01-07-2008 90047 019 ***143.75 1. Entity Name CINJÉN PROPERTIES, LLC Principal Place of Business Mailing Address 1349 SUMMIT CHASE DR 1349 SUMMIT CHASE DR 60000158 LAKELAND, FL 33813 LAKELAND, FL 33813 3. Mailing Address 2. Principal Place of Business - No P.O. Box # P.O. BOX 668 Suite, Apt. #, etc. Suite, Apt. #, etc. 01022008 CR2E083 (12/06) Chg-LLC City & State 4. FEI Number Applied For City & State FIL akeland Not Applicable 20-4977755 Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 33807-6687 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEENE, ROGER D Street Address (P.O. Box Number is Not Acceptable) 2910 BARNEYS PUMPS PLACE LAKELAND, FL 33813 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES g. 10. **MGRM** TITLE Change TITLE ☐ Addition ☐ Delete NAME KEENE, ROGER D NAME STREET ADDRESS 2910 BARNEYS PUMPS PLACE STREET ADDRESS CJTY-ST-ZIP LAKELAND, FL 33813 CHY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition KEENE, CYNTHIA A NAME NAME STREET ADDRESS 2910 BARNEYS PUMPS PLACE STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP MGRM MGRIM Change ☐ Delete TITLE ☐ Addition TITLE Pardue, Dennis PARDUE, DENNIS W NAME NAME 6110 Irby Lane West STREET ADDRESS 1349 SUMMIT CHASE DRIVE STREET ADDRESS CITY-ST-7IP LAKELAND, FL 33813 CITY-ST-ZIP Lakeland, FL 33811 Delete TITLE MGRM TITLE ☐ Change ☐ Addition PARDUE, JENSEN W NAME 2817 JOHN DAVID PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33811 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME

FILED

11. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY - ST- 7IP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP