2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Aug 22, 2007 8:00 am Secretary of State **DOCUMENT # L06000057105** 08-22-2007 90079 001 ****50.00 WT PROPERTIES, LLC 08-22-2007 90079 002 ****50.00 Principal Place of Business Mailing Address 30012485 721 RIDGEWOOD AVENUE, #12A 721 RIDGEWOOD AVENUE, #12A HOLLY HILL, FL 32117 HOLLY HILL, FL 32117 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1034 Ridgewood Ave. 1034 Ridgewood Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. 08132007 Cha-LLC CR2E083 (12/06) #1 #1 City & State City & State 4, FEI Number Applied For 20-2545802 Holly Hill, Holly Hill FL Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 32117 USA Fee Required 32117 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Steve W. Tyler **SNELL LEGAL** Address (P.O. Box Number is Not Acceptable) 700 W. GRANADA BLVD., STE. 107 ORMOND BEACH, FL 32174 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. Steve W. Tyler SIGNATURE Signature, typed or printed name of registered agent and title it applicable Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM MGRM XIX Change TITLE TITLE ■ Addition ☐ Delete Steve W. Tyler NAME WAIKINS, VIRGINIA NAME 721 RIDGEWOOD AVENUE, #12A STREET ADDRESS STREET ADDRESS 1034 Ridgewood Ave. #1 CITY-ST-ZIP HOLLY HILL, FL 32117 CITY-ST-ZIP Holly Hill, FL 32117 Delete TITLE ☐ Change ■ Addition TYLER INVESTMENT PROPERTIES, LLC NAME NAME 721 RIDGEWOOD AVENUE, #12A STREET ADDRESS STREET ADDRESS HOLLY HILL, FL 32117 CITY-ST-ZIP CITY-ST-7IP ☐ Detete TITLE Change ☐ Addition TITLE 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-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition

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NAME STREET ADDRESS

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NAME

STREET ADDRESS CITY-ST-ZIP

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

2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT							. 0771A111APNIS					
DOCUMENT # L06000057105 1. Entity Name WT PROPERTIES, LLC							Ął	TACH	IWE 	N		
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		ess - No P.O. Box # ewood Ave.	3. Mailing Address 1034 Ridgewood Ave.									. • • • • • • • • • • • • • • • • • • •
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	6. Name	and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent							
SNELL LEGAL 700 W. GRANADA BLVD., STE. 107 ORMOND BEACH, FL 32174					Name Virginia Waikins Street Address (P.O. Box Number is Not Acceptable) 1034 Ridgewood Ave. #1							
		City Hol	lv F	Hill			FL	Zip Cod	7			
	named entit	y submits this statement for	the purpose of changing its	register	ed office or	register	ed agent, or bo	th, in the Sta	te of Flor	rida. 1 am fa	amiliar with,	and accept
_	-	nia Waikins or printed name of registered agent an	/ U	' U CM	mal	ek	ikus			8/1.	9/07	
JIGHATORE	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	: Registere	ed Agent signatu	re required	when reinstating)			DATE	ı	
Fil Due b					Make check payable to Florida Department of State							
9.		MANAGING MEMBER	RS/MANAGERS	10.				ADD	ITIONS/	CHANGES		
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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Type:Containing the information indicated 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.

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