2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# L06000073413

Entity Name: SPACE COAST FLATS OF FLORIDA, LLC

Current Principal Place of Business:

2699 LEE RD STE 511
WINTER PARK, FL 32789

New Principal Place of Business:

300 SOUTH TUBB STREET
OAKLAND, FL 34760

Current Mailing Address:

2699 LEE RD STE 511
WINTER PARK, FL 32789

New Mailing Address:

PO BOX 929
OAKLAND, FL 34760

FEI Number: 20-5661579 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHAVER, JAMES A
2699 LEE RD STE 511
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

SHAVER, JAMES A
300 SOUTH TUBB STREET
OAKLAND, FL 34760 US

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.

SIGNATURE: _____ 04/15/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SHAVER, JAMES A
Address: 2699 LEE RD STE 511
City-St-Zip: WINTER PARK, FL 32789

Title: MGR ( ) Delete
Name: IRWIN, BENN S
Address: 2699 LEE RD STE 511
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SHAVER, JAMES A
Address: 300 SOUTH TUBB STREET
City-St-Zip: OAKLAND, FL 34760

Title: MGR (X) Change ( ) Addition
Name: IRWIN, BENN S
Address: 300 SOUTH TUBB STREET
City-St-Zip: OAKLAND, FL 34760

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: JAMES SHAVER MGR 04/15/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date