2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L06000108730 03-19-2008 90149 041 ***138 75 SANTA MARIA PROPERTIES, LLC Principal Place of Business Mailing Address 10916 SE TIMUCUAN ROAD POST OFFICE BOX 771393 60015858 OCALA, FL 34477 SUMMERFIELD, FL 34491 2. Principal Place of Business - No P.O. Box # 3214 SE 24th ter. 3. Mailing Address 3214 SE 24 +4+er. Suite, Apt. #, etc. Suite, Apt. #, etc. 03082008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number FL 344 ocala o calq 20-5855819 Not Applicable Marian Country \$5.00 Additional 5. Certificate of Status Desired Marion Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE MILLHORN LAW FIRM Street Address (P.O. Box Number is Not Acceptable) 13710 U.S. HWY 441 **SUITE 100** LADY LAKE, FL 32159 City Zip Code FL 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. 1 am familiar with, and accept SIGNATURE Squature, typed or printed name of registered agent and take 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 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGRM MGRM TITLE Delete TITLE X Addition 1 Change Derias, onsi NAME BESHAY, MAHER NAME STREET ADDRESS 10916 SE TIMUCUAN ROAD STREET ADORESS 3214 SEZ4thter. ocala, FL 34471 SUMMERFIELD, FL 34491 CITY-ST-ZIP CITY-ST-ZIP TITLE MGRM Delete TITLE ☐ Change Addition MAHROUS, SAMUEL NAME NAME STREET ADDRESS 2877 PHILIP AVENUE STREET ADDRESS **BRONX, NY 10465** CITY-ST-7IP CITY-ST-7P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZP CITY-ST-7IP TITLE Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-AP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 03-10-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone

FILED

Mar 19, 2008 8:00 am