2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 29, 2008 8:00 am Secretary of State

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04-29-2008 90027 019 ***138.75 1. Entity Name OPELIKA INVESTMENT PROPERTIES, LLC 00001060 Principal Place of Business Mailing Address 1001 EAST TELECOM DRIVE 1001 EAST TELECOM DRIVE BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-8188300 Not Applicable Zio Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE Ď Delete TITLE X Addition MGR ☐ Change SILVER, LARRY D NAME NAME Silver Capital Advisors, LLC STREET ADDRESS 1001 EAST TELECOM DRIVE STREET ADDRESS 1001 East Telecom Drive BOCA RATON, FL 33431 CITY-ST-ZIP CITY-ST-ZIP Boca Raton, FL 33431 CEOP TITLE TITLE Delete ☐ Change Addition SILVER, LARRY D NAME STREET ADDRESS 1001 EAST TELECOM DR STREET ADDRESS BOCA RATON, FL 33431 CITY-ST-ZIP CITY-ST-ZIP Delete CFO TITLE TITLE ☐ Change ☐ Addition HOLSHOUSER, JESSE A NAME NAME 1001 EAST TELECOM DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition 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 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2.. CITY-ST-ZIP 11. Thereby 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. Advisors LD By: Silver Capital Manager

Jesse A. Holshouser, CFO

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

04/21/08

(561) 981-5252

Daytime Phone #