2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 27, 2007 8:00 am Secretary of State **DOCUMENT #L06000120388** 04-27-2007 90021 038 ****50.00 BROOKSVILLE COMMONS, LLC Principal Place of Business Mailing Address 412 E. TARPON AVE. 412 E. TARPON AVE. 60041713 TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 03282007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-8155226 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BURKE, ROBERT C JR. 412 E. TARPON AVE. Street Address (P.O. Box Number is Not Acceptable) TARPON SPRINGS, FL 34689 City Zip Code FI 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 Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES Change XX Addition MGRM TITLE TITLE □ Delete Investco Properties, L.L.C. P.O. Box 612 NAME NAME STREET ADDRESS STREET ADDRESS Palm Harbor, CITY-ST-ZIP CITY-ST-ZIP FLMGRM TimberLore Construction Inc TITLE Delete TITLE NAME NAME 2150-B Palm Harbor Boulevard STREET ADDRESS STREET ADDRESS 34684 CITY-ST-ZIP CITY-ST-ZIP Palm Harbor, FL MGRM Change XX Addition ☐ Delete TITLE TITLE Burke Robert C Jr & and wife, tenants by 412 E Tarpon Avenue Janice C, husband the entirety NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Tarpon Springs, FT. ___ Change TITLE Delete TITLE 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 TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

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

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