2008 LIMITED LIABILITY COMPANY

CITY-ST-ZIP

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGE

FILED ANNUAL REPORT Jan 31, 2008 08:00 AN **DOCUMENT # L06000122524 Secretary of State** 1. Entity Name 1728 TIMOCUAN WAY, LLC Mailing Address Principal Place of Business 111 SPRING VALLEY LOOP 111 SPRING VALLEY LOOP ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 01142008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-7207687 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PHILIP L. LOGAS, P.A. DO NOT WRITE 55 E. PINE STREET ORLANDO,, FL 32801 IN THIS SPACE 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 accept SIGNATURE ent and title if applicable (NOTE: Registered Agent aignature required when remetating) FILE NOW!!! FEE |\$ \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME LOGAS, LOUIS STREET ADDRESS 111 SPRING VALLEY LOOP ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP U000000806882 TITLE 02/06/08-80060-005 138.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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.

MEMBER, OR AUTHORIZED REPRESENTATIVE

LOCAS