2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # L07000028952 PARK IMAGE APARTMENTS, LLC 08 MAY - 1 AM 10: 11 Principal Place of Business Mailing Address 1768 PARK CENTER DRIVE 1768 PARK CENTER DRIVE SUITE 400 SUITE 400 ORLANDO, FL 32835 ORLANDO, FL 32835 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212008 Chg-LLC CR2E083 (12/06) 4. FEI Number 20-8666250 City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHWWW, INC. Street Address (P.O. Box Number is Not Acceptable) 390 N. ORANGE AVE. SUITE 1500 ORLANDO, FL 32801 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE ☐ Delete TITLE ☐ Change **▼** Addition NAME David J. Townsend NAME STREET ADDRESS STREET ADDRESS 1768 Park Center Drive, Suite 400 CITY-ST-ZIP CITY-ST-ZIP Orlando, Florida 32835 Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition 500128282516 05/02/08--01003--005 **61 NAME NAME STREET ADDRESS STREET ADDRESS **8175.00 CITY-ST-ZIP CITY-ST-ZIP ☐ 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-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 receipter 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