2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Mar 31, 2008 08:00 A Secretary of State **DOCUMENT #L07000034876** LONGSHORE HOLDINGS LLC Principal Place of Business Mailing Address 999 VANDERBILT BEACH RD., SUITE 610 999 VANDERBILT BEACH RD., SUITE 610 NAPLES, FL 34108 NAPLES, FL 34108 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03062008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RADER, TODD Street Address (P.O. Box Number is Not Acceptable) 999 VANDERBILT BEACH RD. SUITE 610 NAPLES, FL 34108 Zip Code City 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 ! am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and bite if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State the same of the sa 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM TITLE ☐ Change Addition RADER, TODD NAME NAME 999 VANDERBILT BEACH RD., SUITE 610 STREET ADDRESS STREET ADDRESS U000000875610 04/11/08-80040-0<u>10 138.75</u> NAPLES, FL 34108 CITY-ST-ZIP CITY-ST-ZIP MGRM Delete TITLE ☐ Channe ☐ Addition CRAWFORD FLORIDA LLC NAME NAME 999 VANDERBILT BEACH RD., SUITE 610 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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-S1-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

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

FILED