2008 LIMITED LIABILITY COMPANY

11. I hereby certify that the information indicated on this report is true a limited liability company or the

SIGNATURE:

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA **ANNUAL REPORT** DOCUMENT # L07000046986 1. Entity Name 10:11MA I - YAH 80 WESTCOTT ONE, LLC Principal Place of Business Mailing Address 3233 APPLETON DR. 3233 APPLETON DR. TALLAHASSEE, FL 32311 TALLAHASSEE, FL 32311 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302008 Chg-LLC CR2E083 (12/06) City & State 4 FEI Number Applied For City & State Not Applicable Zip Country Zip 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 Name THOMAS, SYLVIA A Street Address (P.O. Box Number is Not Acceptable) 3233 APPLETON DR. TALLAHASSEE, FL 32311 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. (NQTE: 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 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. ☐ Addition ☐ Change MGR ☐ Delete TITLE TITLE THOMAS, SYLVIA A NAME NAME 3233 APPLETON DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311 CITY-ST-ZIP □ Change Addition MGRM Delete TITLE TITLE 800127611468 NANCE-DALTON, RICKY NAME NAME 05/01/08--01004---007 **277.50 STREET ADDRESS 355 N. LANTANA ST STE 509 STREET ADDRESS CARMARILLO, CA 93010 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE 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-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP tion supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and accurate anothal my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone *