2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 14, 2008 8:00 am Secretary of State DOCUMENT # L07000049454 04-14-2008 90227 013 ***138.75 1. Entity Name FLAG METS I, LLC Principal Place of Business Mailing Address 60022638 5555 GLENRIDGE CONNECTOR 20 SOUTH BROAD STREET SUITE 1100 BROOKSVILLE, FL 34601 US ATLANTA, GA 30342 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 26.0142261 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE HOGAN LAW FIRM, LLC Street Address (P.O. Box Number is Not Acceptable) 20 SOUTH BROAD STREET BROOKSVILLE, FL 34601 City Zip Code FL 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) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9: 10. ADDITIONS/CHANGES MGRM TITLE TITLE Delete Change ☐ Addition IV PROPERTIESSING. NAME NAME 3384 ASHFORD PARK CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-ZIP ATLANTA, GA 30319 MGRM TITLE ☐ Delete TITLE MGRM WILLIAMS LAND DEVELOPMENT, LLC WILLIAMS LAND DEVELOPMENT, LLC NAME NAME STREET ADDRESS 3390-PEACHTREE RD NE#1200 STREET ADDRESS GCORGIA 30339 CITY-ST-ZIP ATLANTA; GA-30326 CITY-ST-ZIP MGRM TIT1 F ☐ Delete TITLE ☐ Change Addition UNDERWOOD, TYRUS NAME NAME STREET ADDRESS 5555 GLENRIDGE CONNECTOR SUITE 1100 STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30342 CITY-ST-ZIP TITLE MGRM □ Delete TITLE ☐ Change ☐ Addition BRANNEN, MITCHELL V NAME NAME STREET ADDRESS 5555 GLENRIDGE CONNECTOR SUITE 1100 STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30342 CITY-ST-712 TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED