2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Feb 06, 2008 8:00 am Secretary of State DOCUMENT # L07000049672 1. Entity Name 02-06-2008 90119 047 ***138.75 **BREWER PROPERTIES, LLC** Principal Place of Business Mailing Address 1404 SE 8TH AVE OKEECHOBEE FL 34974 1404 SE 8TH AVE OKEECHOBEE FL 34974 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Numper Applied For Not Applicable 26-0812806 Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENRY Street Address (P.O. Box Number is Not Acceptable) BREWER NORMAN, KENNETH A 2400 SE FEDERAL HIGHWAY, FOURTH FLOOR SE 8 Arenue STUART FL 34994 34974 OKEELHOBEE 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 INOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE ☐ Change Addition BREWER, HENRY J NAME NAME STREET ADDRESS 1404 SE 8TH AVE STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 34974 CITY-ST-ZIP ☐ Delete TITLE Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ 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 GITY-ST-ZIP CITY-ST-7iP TITLE ☐ Detete ☐ Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZiP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - ST - ZiP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED