2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED DOCUMENT # L07000061787 1. Entity Name PROPERTIES OF THE PEOPLE, LLC 08 JUL -3 AM 9: 43 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 3721 AVENUE H EAST 3721 AVENUE H EAST RIVIERA BEACH, FL 33404 RIVIERA BEACH, FL 33404 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Numbe 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 HOWARD, JAMES Street Address (P.O. Box Number is Not Acceptable) 3721 AVENUE H EAST RIVIERA BEACH, FL 33404 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) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.78 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE **MGRM** Delete ITTLE ☐ Change Addition NAME HOWARD, JAMES NAME 3721 AVENUE H EAST STREET ADDRESS STREET ADDRESS RIVIERA BEACH, FL 33404 CITY-ST-ZIP CITY-ST-ZIP MGR TITLE Deleta TITLE ☐ Change ☐ Addition MALE STUBBS, JOHN NAME STREET ADDRESS 57 WEST 28TH STREET STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH, FL 33404 CITY-ST-ZIP TITLE Oelete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TULE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C0Y-ST-78P TITLE Delete TITLE ☐ Change Addition NAME HAME 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 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 it made under oath; that I am a managing member or manager of the limited liability company or the seceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. Wan SIGNATURE: PRINTED NAME OF SIGNING MANACING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone

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