2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 17, 2008 8:00 am Secretary of State

03-17-2008 90260 039 ***138.75 **DOCUMENT # L07000095273** 1. Entity Name PENN SYMONDS, LLC 60015112 Principal Place of Business Mailing Address 200 E NEW ENGLAND AVE 200 E NEW ENGLAND AVE WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03132008 Cha-LLC CR2E083 (12/06) City & State 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 LOWMAN, WILLIAM R JR, ESQ Street Address (P.O. Box Number is Not Acceptable) SHUFFIELD, LOWMAN & WILSON, P.A. 1000 LEGION PLACE -S.TE 1700 ORLANDO, FL 32801 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 harne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE(S \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Defete HHF TITLE Change Addition WILKINSON PENN, LLC NAME NAME STREET ADDRESS 200 E-NEW ENGLAND AVE STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE ☐ Addition ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 liability company or the receiver or trade-empowered to execute this report as required by Chapter 608 Florida Statutes. limited liability company or the receiver or tradice empower

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Daytime Phone #