2008 LIMITED LIABILITY COMPANY

FILED Feb 14, 2008 8:00 am Secretary of State

| | ANNUAL | KEPUKI | | occidaty of state |
|--|---|---|---|---|
| DOCUMENT # L07000105431 1. Entity Name ALAFAYA SF PROPERTIES, LLC | | | | 02-14-2008 90103 001 *1,248.75 |
| % PARKS, D | e of Business EFILIPPO & ASSOCIATES, P.A. A PARKS - 203 LOOKOUT PL STE A L 32751 | Mailing Address % Parks, Defilippo & A Attn:Linda a Parks - 2 Maitland, FL 32751 | | PL STE A |
| 2. Principal F | Place of Business - No P.O. Box # | 3. Mailing Address | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 01092008 Chg-LLC CR2E083 (12/06) |
| City & Stat | e | City & State | | 4. FEI Number Applied For 26–1301257 Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired \$5.00 Additional Fee Required |
| | 6. Name and Address of Current I | Registered Agent | | 7. Name and Address of New Registered Agent |
| 450 N WY | VICES, INC. MORE RD PARK, FL 32789 | | Street Ac | Address (P.O. Box Number is Not Acceptable) |
| | | | City | FL Zip Code |
| | named entity submits this statement for tions of registered agent. | the purpose of changing its re | egistered office or | or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE | Signature, typed or printed name of registered agent a | nd title if applicable. (NOTE: F | Registered Agent signatur | sture required when reinstating) DATE |
| After May | NOW!!! FEE IS \$138.75 y.1, 2008 Fee will be \$538.75 | <u> </u> | _ | Make check payable to Florida Department of State |
| 9. | MANAGING MEMBEI | RS/MANAGERS | 10. | ADDITIONS/CHANGES |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVPD HAYES, GEORGE L III % 203 LOOKOUT PLACE - STE / MAITLAND, FL 32751 | ☐ Defete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4701 Central avenue, Suite A St. Petersburg, FL 33713 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPTD PARKS, LINDA A % 203 LOOKOUT PLACE - STE A MAITLAND, FL 32751 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Xn Change ☐ Addition Parks, Linda G.T. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LORENZOTTI, GUIDO % 203 LOOKOUT PLACE - STE A | K! Delete | TITLE NAME STREET ADDRESS | ☐ Change ☐ Addition |
| | MAITLAND, FL 32751 | | CITY-ST-ZP | |
| NAME STREET ADDRESS CITY-ST-ZIP | MAITLAND, FL 32751 D FROMMELT, VEIT DR % 203 LOOKOUT PLACE - STE / MAITLAND, FL 32751 | ☐ Delete | CITY-ST-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| NAME STREET ADDRESS | D FROMMELT, VEIT DR % 203 LOOKOUT PLACE - STE / | A □ Delete | TITLE NAME STREET ADORESS | Change Addition Change Addition |

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 the my supported statutes are legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receive or trusted empoyered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

INDA G.T. PACKS SIGNATURE SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CITY-ST-ZIP