2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 23, 2008 8:00 am Secretary of State DOCUMENT # L07000105938 04-23-2008 90125 032 ***143.75 SANIBEL INVESTMENTS ENTERPRISES, LLC Mailing Address Principal Place of Business 3530 KRAFT ROAD, SUITE 300 3530 KRAFT ROAD, SUITE 300 NAPLES, FL 34105 NAPLES, FL 34105 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02122008 Chg-LLC CR2E083 (12/06) Applied For 4. FEI Number City & State City & State Not Applicable \$5.00 Additional Fee Required Country Zip **X**----Zip Country 5. Certificate of Status Desired -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Lvor Momas MACLVOR, THOMAS A CPA Street Address (P.O. Box Number is Not Acceptable) 3530 KRAFT ROAD, SUITE 300 NAPLES, FL 34105 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating Signature, typed or printed name of registered agent and title if applicable. Make check payable to FILE NOWIII-FEE IS \$138.75.... After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. MGR Addition ☐ Change KAMBIZ ZAND MGR ☐ Delete TITLE 3530 KRAFT ROAD NAME KAMBEZ ZAND SUITE 300 3530 KRAFT ROAD, SUETS 300 STREET ADDRESS STREET ADDRESS NAPLES, FL 34105 CITY-ST-ZIP NAPLES, FL 34105 CITY-ST-ZIP MGR **X** Addition Change ☐ Delete TITLE THOMAS A. MACIVOR ngr TITLE NAME THOMAS A, MACILIOR 3530 KRAFT ROAD STREET ADDRESS 3530 KRAFT ROAD, SWETS 300 STREET ADDRESS SUITE 300 CITY-ST-ZIP NAPLES, FL 34105 CITY-ST-ZIP NAPLES, FL 34105 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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