2008 LIMITED LIABILITY COMPANY

Apr 24, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L07000108619** 04-24-2008 90017 016 ***143.75 1. Entity Name CRF - GROVE PARK, LLC Principal Place of Business Mailing Address **500 SOUTH FLORIDA AVENUE** 500 SOUTH FLORIDA AVENUE SUITE 700 SUITE 700 LAKELAND, FL 33801 LAKELAND, FL 33801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc., , Suite, Apt. #, etc. 01152008 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number Llo-1 Not Applicable Zip Country 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 AIRTH, HAL A'JR. 500 SOUTH FLORIDA AVENUE Street Address (P.O. Box Number is Not Acceptable) SUITE 800 LAKELAND, FL 33801 City Zip Code 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) FILE NOW!!! FEE IS \$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. MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition CRF MANAGEMENT CO., INC. NAME NAME STREET ADDRESS 500 SOUTH FLORIDA AVENUE, SUITE 700 STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33801 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CnY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ■ Addition TITLE TITLE 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

URE AND TOPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHOL KIM S Kelley

CITY-ST-ZIP

4/21/08

863.647.1581