2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L07000114366

CERTUS DEVELOPMENT - WINTER SPRINGS, LLC



Apr 21, 2008 8:00 am Secretary of State

04-21-2008 90304 008 ***138.75

Principal Place of Business Mailing Address 60025493 300 INTERNATIONAL PARKWAY STE 190 300 INTERNATIONAL PARKWAY STE 190 HEALTHROW, FL 32746 HEALTHROW, FL 32746 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032008 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEi Number Applied For 26-1404662 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 PAWLOWSKI, GLEN Street Address (P.O. Box Number is Not Acceptable) 300 INTERNATIONAL PARKWAY STE 190 HEALTHROW, FL 32746 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) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE MGR ☐ Delete TITLE BRIAMARIC CORPORATION BRIAMARIC CORP. NAME NAME 201 Osprey Hammock Trail STREET ADDRESS 300 INTERNATIONAL PARKWAY STE 190 STREET ADDRESS CITY-ST:ZIP HEALTHROW, FL 32746 CITY-ST-ZIP Sanford, FL 32771 MGR MBR TITLE ☐ Delete TITLE Addition MBR
DJJW GROUP INC.
1869 Lake Markham Preserve Trail DJJW GROUP, INC. NAME NAME STREET ADDRESS 300 INTERNATIONAL PARKWAY STE 190 STREET ADDRESS. CITY-ST-78P HEALTHROW, FL 32746 CITY-ST-78P Sanford, FL 32771 TITLE ☐ Delete TITLE Change Addition NAME NAME 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change noitibba [T] NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-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, Fiorida Statutes.

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

407-333-99/