2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 22, 2008 8:00 am Secretary of State **DOCUMENT # L07000117428** 04-21-2008 90320 041 ***138.75 1. Entity Name **EGAN RANCH LLC** 3000ATaa 🐖 Principal Place of Business Mailing Address 1900 OLD DIXIE HIGHWAY 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946 US FORT PIERCE, FL 34946 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05192008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 26-1473258 Not Applicable Zip Country 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 CARNELL, RICHARD M JR. Street Address (P.O. Box Number is Not Acceptable) 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946 City 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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$538.75 Make check payable to Due by September 12, 2008 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change Addition NELSON, GREGORY P NAME NAME STREET ADDRESS 1900 OLD DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE, FL 34946 MGR ☐ Delete ☐ Change Addition TITLE TITLE EGAN, J B III NAME NAME 1900 OLD DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL 34946 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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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.

BAE Capital, LTD., Member

Richard M. Carnell, Jr. Sr. Vice President Effective 3/10/08 772-489-7289 Inc., Partner an TURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

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11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

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