2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

agan/owell,

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

SIGNATURE:

Apr 25, 2008 8:00 am Secretary of State DOCUMENT # L07000118121 1. Entity Name 04-25-2008 90015 043 ***138.75 HAGAN POWELL RANCH (FLORIDA) HOLDINGS, LLC Principal Place of Business Mailing Address 2638 GATELY DRIVE EAST, NO. 96 WEST PALM BEACH FL 33415 2638 GATELY DRIVE EAST, NO. 96 WEST PALM BEACH FL 33415 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2638, GATELY DA.E. Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) JOL. 94 City & State City & State 4. FEI Number Applied For WEST Palm Beach, FL. Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired USA. 33415 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHOFSTALL, WILLIAM G Street Address (P.O. Box Number is Not Acceptable) **828 SQUIRE DRIVE** WEST PALM BEACH FL 33414 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 asent. Signature, typed or printed name of registered agent and title disoplicable. (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 9. 10. ADDITIONS/CHANGES **MGRM** TOTAL ☐ Deleta TITLE Change Addition HAGAN PÓWELL, JR. REVOCABLE TRUST NAME NAME STREET ADDRESS 2638 GATELY DRIVE EAST, NO. 96 STREET ADDRESS CITY - ST - ZIP WEST PALM BEACH FL 33415 CITY-ST-ZiP TITLE ☐ Delete IIILE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZiP THE ☐ Delete TITLE Change Change Addition NAME NAME STREET ADDRESS CIRECT ADDRESS CITY-ST-7/P CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TOTLE TITLE ☐ Change Addition 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 Section 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

12 April 2008

561-966-3851

Caytor e Pova e #

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