2008 LIMITED LIABILITY COMPANY

Apr 30, 2008 8:00 am Secretary of State ANNUAL REPORT 04-30-2008 90059 001 ***832.50 **DOCUMENT # L07000123390** PALMER CROSSING 4, LLC Principal Place of Business Mailing Address 21299 US HIGHWAY 27 PO BOX 3737 LAKE WALES, FL 33859 LAKE WALES, FL 33859 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232008 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number 59-1004757 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 💢 🕹 🐯 🎉 HILL, K. TYLER David A. Miller 101 E. KENNEDY BLVD. STE 3700 1425 TAMPA, FL 33602 21299 US Hwv 27 Lake Wales, FL 33859-6851 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. 4/23/2008 SIGNATURE 4 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 10 9. TITLE TITLE ☐ Change Addition ☐ Delete MGR NAME Latt Maxcy Corporation STREET ADDRESS STREET ADDRESS 21299 US Hwy 27 CITY-ST-ZIP CITY-ST-ZIP Lake Wales, FL 33859 ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change ■ Addition

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.

NAME

STREET ADDRESS CITY-ST-ZIP

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

NAME

STREET ADDRESS