2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # L99000000803** 04-26-2004 90042 021 ****50.00 NW FLORIDA PROPERTIES, LLC Principal Place of Business Mailing Address C/O DON DAVID C/O KEVIN M. HELMICH P.O. BOX 5499 P.O. BOX 354 DESTIN, FL 32540 DESTIN, FL 32540 3. Mailing Address 2. Principal Place of Business Park Suite, Apt. #, etc. Suite, Apt. #, etc. 04232004 CR2E083 (10/03) Cha-LLC Applied For 4. FEI Number City & State 59-3561230 Not Applicable \$5.00 Additional Country Country Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -HELMICH, KEVIN M ESQ. Street Address (P.O. Box Number is Not Acceptable) 4481 LEGENDARY DRIVE, SUITE 200 DESTIN, FL 32541 Zip Code City 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) 3153V31553 51 Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 India by D. J. Goldfer A. J. Goldfer and J. J. Goldfer and J. J. Goldfer and Florida Department of State FIRE DOLL IN A SOLEN OF THE r in Pod on the a marel 102 10,500 100 In USB A TO ADDITIONS/CHANGES ு இருக்கு வகு அளிக்கு MANAGING MEMBERS/MANAGERS கொண்டுக்கு ☐ Addition MGRM Change TITLE 2. 5 Delete HELMICH, KEVIN M NAME (34.22) NAME 198 cm STREET ADORESS STREET ADDRESS P.O. BOX 5499 CITY-ST-ZIP CITY-ST-ZIP DESTIN, FL 32540 ☐ Change ☐ Addition MGRM ☐ Delete TITLE TITLE BOWYER, KEVIN NAME NAME 36474 EMERALD COAST PARKWAY, SUITE 1201 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DESTIN, FL 32541 Change Change ☐ Addition MGRM . Delete TITLE TITLE NAME DAVID, DON 1.1. 4737 Papaya Park NAME P.O. BOX 354 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32540 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE MGRM SMITH, GREGORY NAME NAME STREET ADDRESS STREET ADDRESS 15 NORTH EGLIN PARKWAY CITY-ST-ZIP CITY-ST-7IP FORT WALTON BEACH, FL 32548 ☐ Addition TITLE MGRM Delete Change WARD, MICHAEL NAME NAME 21 LINWOOD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH, FL 32547 ☐ Change ☐ Addition , ; · · · · · · · · . Delete TITLE 4000 NAME NAME STREET ADDRESS STREET ADDRESS (101) NAME OF A STARLEY DIO. CITY-ST-7IP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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. SIGNATURE: Daytime Phone # SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGER

FILED