$^{ar{L}}$ 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Mar 18, 2004 8:00 am Secretary of State DOCUMENT # L99000001084 1. Entity Name 03-18-2004 90184 042 ****50.00 ISLAMORADA HOMES, L.L.C. Principal Place of Business Mailing Address 15400 N.W. 34TH AVE. MIAMI FL 33054 15400 N.W. 34TH AVE. MIAMI FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. CR2E083 (11/03) City & State City & State Applied For 4. FEI Number 65-0916860 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 Name LESTER, PAUL A Street Address (P.O. Box Number is Not Acceptable) SUNTRUST PLAZA, 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES FL 33134 City 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE TITLE Change ☐ Addition ☐ Delete LODGE ENTERPRISES LIMITED PARTNERSHIP NAME NAME 15400 N.W. 34TH AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33147 CITY-ST-ZIP CITY-ST-ZIP MGR T171 F ☐ Delete TITLE ☐ Change ☐ Addition NAME ORR CONSTRUCTION, INC. NAME STREET ADDRESS 110 GIARDINO DRIVE STREET ADDRESS CITY-ST-ZIP ISLAMORADA FL 33036 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME IVORY INTERNATIONAL, INC. STREET ADDRESS 15400 N.W. 34TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33054 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Change ■ Addition ☐ Delete 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

11. I hereby certify that the information supplied with this filing 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #