2006 LIMITED LIABILITY COMPANY

Mar 13, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # L99000002980 METROVEST, L.L.C. Mailing Address Principal Place of Business 12120 METRO PARKWAY 12120 METRO PARKWAY FORT MYERS, FL 33912 FORT MYERS, FL 33912 CR2E083 (11/05) 03012006 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0931241 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TUCKER, WILLIAM R 12120 METRO PARKWAY FORT MYERS, FL 33912 IN THIS SPACE 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 100001466512 03/23/06 80014-013 50.00 MANAGING MEMBERS/MANAGERS 9. TITLE TUCKER, WILLIAM R NAME STREET ADDRESS 12120 METRO PARKWAY FORT MYERS, FL 33912 City-SI-Zip TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby 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 indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED