
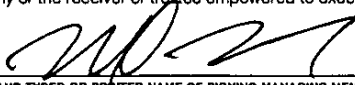


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90060 002 \*\*\*\*50.00

|   |                                      |                                  |   |   |  |
|---|--------------------------------------|----------------------------------|---|---|--|
| <b>DOCUMENT # L99000003862</b>  |                                      |                                  |   |                |  |
| 1. Entity Name<br>SINGLE-FAMILY DEVELOPERS, L.L.C.  |                                      |                                  |   |   |  |
| Principal Place of Business<br>2200 LUCIEN WAY, SUITE 350<br>MAITLAND, FL 32751   |                                      |                                  | Mailing Address<br>2200 LUCIEN WAY, SUITE 350<br>MAITLAND, FL 32751 |   |  |
| 2. Principal Place of Business  |                                      | 3. Mailing Address               |   |   |  |
| Suite, Apt. #, etc.   |                                      | Suite, Apt. #, etc.              |   |   |  |
| City & State  |                                      | City & State                     |   | 4. FEI Number<br><b>59-3590195</b>  |  |
| Zip   |                                      | Country                          |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |  |
| Applied For   |                                      | 04072005 Chg-LLC CR2E083 (10/03) |   |   |  |
| Not Applicable  |                                      |                                  |   |   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |                                      |                                  | <b>7. Name and Address of New Registered Agent</b>                  |   |  |
| DODSON, T. JEFFREY<br>2200 LUCIEN WAY, SUITE 350<br>MAITLAND, FL 32751  |                                      |                                  | Name  |   |  |
|   |                                      |                                  | Street Address (P.O. Box Number is Not Acceptable)                  |   |  |
|   |                                      |                                  | City  |   |  |
|   |                                      |                                  | <b>FL</b>   |   |  |
|   |                                      |                                  | 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 _____ DATE _____  |                                      |                                  |   |   |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |                                      |                                  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |                                      |                                  |   | <b>Make check payable to<br/>Florida Department of State</b>                                    |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |                                      |                                  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE   | MGRM <input type="checkbox"/> Delete | TITLE                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| NAME  | RINK DEVELOPMENT & MANAGEMENT, INC.  | NAME                             |   |   |  |
| STREET ADDRESS  | 2200 LUCIEN WAY, SUITE 350           | STREET ADDRESS                   |   |   |  |
| CITY-ST-ZIP   | MAITLAND, FL 32751                   | CITY-ST-ZIP                      |   |   |  |
| TITLE   | MGRM <input type="checkbox"/> Delete | TITLE                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| NAME  | WILLIFORD, JAMES R                   | NAME                             |   |   |  |
| STREET ADDRESS  | 2200 LUCIEN WAY, SUITE 350           | STREET ADDRESS                   |   |   |  |
| CITY-ST-ZIP   | MAITLAND, FL 32751                   | CITY-ST-ZIP                      |   |   |  |
| TITLE   | MGRM <input type="checkbox"/> Delete | TITLE                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| NAME  | REALVEST PARTNERS, INC.              | NAME                             |   |   |  |
| STREET ADDRESS  | 2200 LUCIEN WAY, SUITE 350           | STREET ADDRESS                   |   |   |  |
| CITY-ST-ZIP   | MAITLAND, FL 32751                   | CITY-ST-ZIP                      |   |   |  |
| TITLE   | MGRM <input type="checkbox"/> Delete | TITLE                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| NAME  | LIVINGSTON, GEORGE D                 | NAME                             |   |   |  |
| STREET ADDRESS  | 2200 LUCIEN WAY, SUITE 350           | STREET ADDRESS                   |   |   |  |
| CITY-ST-ZIP   | MAITLAND, FL 32751                   | CITY-ST-ZIP                      |   |   |  |
| TITLE   | <input type="checkbox"/> Delete      | TITLE                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| NAME  |                                      | NAME                             |   |   |  |
| STREET ADDRESS  |                                      | STREET ADDRESS                   |   |   |  |
| CITY-ST-ZIP   |                                      | CITY-ST-ZIP                      |   |   |  |
| TITLE   | <input type="checkbox"/> Delete      | TITLE                            | <input type="checkbox"/> Change <input type="checkbox"/> 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:   |                                      | Date: <b>2390-1 2005</b>         |   | Daytime Phone #   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                                      |                                  |   |   |  |