2008 LIMITED LIABILITY COMPANY

Apr 11, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L99000005372** 04-11-2008 90177 006 ***138.75 RICKY WIGGINS HOMES, L.L.C. Principal Place of Business Mailing Address 60021995 17 SOUTH PALAFOX STREET, SUITE 394 P.O. BOX 3263 PENSACOLA, FL 32582 PENSACOLA, FL 32516 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 04022008 Cha-LLC CR2E083 (12/06) 3 West Garden Street, Suite 394. City & State 4. FEI Number Applied For Pensacola, FL 32502 59-3617280 Not Applicable Zin Zip 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 Name BAKER, RICHARD R Street Address (P.O. Box Number is Not Acceptable) 84 BAYBRIDGE GULF BREEZE, FL 32561 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) DATE FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE TITLE Change ☐ Addition ☐ Delete NAME WALTON, GARRETT W NAME 371 Woodbine Dr. 971 WOODBINE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 CITY-ST-ZIP MGR ☐ Delete TITLE ☐ Change ☐ Addition BAKER, RICHARD R NAME NAME 84 BAYBRIDGE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GULF BREEZE, FL 32561 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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-ZIF TITLE ☐ Defete TITLE ☐ Channe ☐ Addition NAME 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 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

FILED

Richard R. Baker 4/4/08 85043405330 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes