2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # L99000008839** 04-29-2004 90074 006 ****50.00 LA SÉRENA DEVELOPMENT GROUP, LLC 44U0Y645 Principal Place of Business Mailing Address 651 THIRD ST SOUTH P.O. BOX 960 NAPLES, FL 34102 NAPLES, FL 34106-0960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232004 Cha-LLC CR2E083 (10/03) City & State City & State 4 FEI Number Applied For 59-3618725 Not Applicable Zip Country 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 NOVAH, JEFF M CHETTY PASSIDOMO WILSON & JOHNSON LLP Street Address (P.O. Box Number is Not Acceptable) 821 FIFTH AVE SOUTH STE 201 NAPLES, FL 34102. 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) Make check payable to Filing Fee Is \$50.00 Due by May 1, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE K Delete TITLE Change ☐ Addition REDDICK DEVELOPMENT GROUP, INC. NAME NAME STREET ADDRESS P.O. BOX 960 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 341060960 CITY-ST-ZIP TITLE MGRM X Delete TITLE ☐ Change ■ Addition EDWARD CHENNEY, TRUSTEE NAME NAME 366 GREENWOOD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BIRMINGHAM, MI 48009 CITY-ST-ZIP Delete_ ☐ Addition Change RÉDDICK, WILLIAM R JR NAME NAME STREET ADDRESS P.O. BOX 960 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 341060960 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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. fiam R. Reddick, Jr., Manager

MBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/27 /04

Date

239-825-1810

Daytime Phone #

FILED