2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 15, 2004 8:00 am Secretary of State

DOCUMENT # M0000001302 1. Entity Name SHP-THE VILLAGE AT ALAFAYA CLUB LLC				04-15-2004	90114 049	****50).00
Principal Place of Business 805 LAS CIMAS PARKWAY, SUITE 400 AUSTIN, TX 78746 Mailing Address 805 LAS CIMAS PARKWAY, SUITE 400 AUSTIN, TX 78746			24042952				
Principal Place of Business 3. Mailing Address							
pt. #, etc. Suite, Apt. #, etc.			03292004	03292004 Chg-LLC CR2E083 (10/03)			
City & State							plied For t Applicable
Zip	Country					.00 Add	itional
Registered Agent	!	T	7. Name and	Address of New R		 _	<u> </u>
		Name					
: T CORPORATION SYSTEM 200 S. PINE ISLAND RD. LANTATION, FL 33324		Street Address (P.O. Box Number is Not Acceptable)					
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	City						
	<u>.</u>			Make	DATE Check paya	ble to	
					Lyopai anone	UI OLDI	
RS/MANAGERS	10.			ADDITIONS/	CHANGES		
⊠ Delete	TITL	E				Change	☐ Addition
SS 805 LAS CIMAS PARKWAY, SUITE 400 STE		ET ADDRESS	·	;	· · _		
YLESS, WILLIAM JR. LAS CIMAS PARKWAY, SUITE 400 STR		EET ADDRESS				Change	Addition
LIPSAY, SETH B NAME 333 EARLE OVINGTON BOULEVARD, 10TH FL STR		EET ADDRESS				Change	Addition
MGR Deide TITL SHAPSMAN, STEVEN 333 EÄRLE OVINGTON BOULEVARD, 10TH FL STR		EET ADDRESS	·	~		Change	Addition
ADIPIETRO, FRANK 333 EARLE OVINGTON BOULEVARD, 10TH FL STRI		IE EET ADDRESS				Change	Addition
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(NOTE: Registered Agent signature required to the life applicable. ITE 400 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete VARD, 10TH FL Delete VARD, 10TH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete VARD, 10TH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mailing Address 805 LAS CIMAS PARKWAY, SUITE 400 AUSTIN, TX 78746 3. Mailing Address Suite, Apt. #, etc. 03292004 City & State City & State Country 5. Certificate of 11-3547 Zip Country 5. Certificate of Registered Agent is registered agent, or both and life if applicable. (NOTE: Registered Agent signature required when reinstating) Title NAME STREET ADDRESS CITY-ST-ZiP Delete TITLE NAME STREET ADDRESS CITY-ST-ZiP Delete VARD, 10TH FL Delete TITLE NAME STREET ADDRESS CITY-ST-ZiP Delete VARD, 10TH FL Delete TITLE NAME STREET ADDRESS CITY-ST-ZiP Delete VARD, 10TH FL STREET ADDRESS CITY-ST-ZiP Delete TITLE NAME STREET ADDRESS CITY-ST-ZiP Delete TITLE NAME STREET ADDRESS CITY-ST-ZiP Delete TITLE NAME STREET ADDRESS CITY-ST-ZiP Delete NAME STREET ADDRESS CITY-ST-ZiP STREET ADDRESS CITY-ST-ZiP Delete NAME STREET ADDRESS CITY-ST-ZiP STREET ADDRESS CITY-ST-ZiP STREET ADDRESS CITY-ST-ZiP	Mailing Address 805 LAS CIMAS PARKWAY, SUITE 400 AUSTIN, TX 78746 3. Mailing Address Suite, Apt. #, etc. City & State City & State 7. Name and Address of New R Name Street Address (P.O. Box Number is Not Acceptable City City The purpose of changing its registered office or registered agent, or both, in the State of Florida Address (P.O. Box Number is Not Acceptable City The purpose of changing its registered office or registered agent, or both, in the State of Florida Address (P.O. Box Number is Not Acceptable City The purpose of changing its registered office or registered agent, or both, in the State of Florida FRS/MANAGERS 10. ADDITIONS/ Make Florida FRS/MANAGERS 10. ADDITIONS/ ITLE NAME STREET ADDRESS CITY-ST-ZIP Delete VARD, 10TH FL STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME VARD, 10TH FL STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mailing Address 805 LAS GIMAS PARKWAY, SUITE 400 AUSTIN, TX 78746 3. Mailing Address Suite, Apr. #, etc. City & State City & State City & State Country Street Address (P.O. Box Number is Not Acceptable) City of the purpose of changing its registered office or registered agent, or both, in the State of Florisa. 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Make chicack payable to Florida Department of Status Registered Agent Suprature required when rentating) CATE Make chicack payable to Florida Department of Status REGISTANDRESS CITY-ST-2P Detels TILE NAME STREET ADDRESS CITY-ST-2P Change VARD, 10TH FL STREET ADDRESS CITY-ST-2P Detels TILE NAME STREET ADDRESS CITY-ST-2P Detels TILE NAME STREET ADDRESS CITY-ST-2P Change VARD, 10TH FL STREET ADDRESS CITY-ST-2P Detels TILE NAME STREET ADDRESS CITY-ST-2P Change VARD, 10TH FL STREET ADDRESS CITY-ST-2P Change VARD, 10TH FL STREET ADDRESS CITY-ST-2P Change VARD, 10TH FL STREET ADDRESS CITY-ST-2P Change Change

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

ATURE: 1/2 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Despire Prone #