2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 12, 2007 8:00 am Secretary of State **DOCUMENT # M03000001363** 04-12-2007 90178 050 ****50.00 1. Entity Name HIBBS OKEECHOBEE PROPERTIES, LLC Principal Place of Business Mailing Address 60035301 3600 SALERNO DRIVE 3600 SALERNO DRIVE RENO, NV 89509 RENO, NV 89509 3. Majling Address Coldwell Canker Commercial NET 2. Principal Place of Business - No P.O. Box # 901 North Lake Desting Drive-Skill Suite, Apt. #, etc. 02142007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number Maitland, F1 86-0854022 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 32751 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEBB, ROBIN L Street Address (P.O. Box Number is Not Acceptable) COLDWELL BANKER - COMMERCIAL NRT 901 N LAKE DESTINY DR, STE 110 MAITLAND, FL 32751 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE MGR TITLE ☐ Delete ☐ Change ■ Addition LRH BROADWAY INVESTMENTS NAME NAME STREET ADDRESS 3600 SALERNO DRIVE STREET ADDRESS **RENO, NV 89509** CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED