2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

TITLE TMAM STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS CITY-ST-ZIP

Apr 06, 2006 08:00 AM Secretary of State DOCUMENT # M03000001410 SAVANNAH PROPERTIES, LLC Principal Place of Business Mailing Address 19113 CHEMILLE DR. 19113 CHEMILLE DR. LUTZ, FL 33558 LUTZ, FL 33558 03202008 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 45-0512022 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent THOMAS, DEBRA DO NOT WRITE 19113 CHEMILLE DR LUTZ, FL 33558 IN THIS SPACE 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 Filing Fee is \$50.00 Due by May 1, 2008 9. MANAGING MEMBERS/MANAGERS MGR TITLE NAME J & M SOUTHERN DESIGNS, INC. 13014 N. DALE MABRY STREET ADDRESS U00000495104 CITY-ST-ZIP TAMPA, FL 33618 04/20/06-20070-023 50.00 IIILE NAME STREET ADDRESS City-St-Zip TITLE NAME STREET ADDRESS DO NOT WRITE City-St-ZIP IIILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

FILED

11. I hereby certify that the information supplied with this filling 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 trustee empowered to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE