2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 20, 2005 8:00 am Secretary of State **DOCUMENT # M04000002646** 04-29-2005 90049 005 ****50.00 1. Entity Name WD DEVELOPERS, LLC 05-20-2005 90208 042 ****50.00 Principal Place of Business Mailing Address 3116 ROSS CLARK CIRCLE 3116 ROSS CLARK CIRCLE DOTHAN, AL 36303 DOTHAN, AL 36303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132005 CR2E083 (10/03) City & State City & State Applied For 0311059 Not Applicable Zip Country 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 GOOLSBY, MELINDA M Street Address (P.O. Box Number is Not Acceptable) 2204 MAGNOLIA DRIVE PANAMA CITY, FL 32408 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Sgreature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TID F MGR TITLE ☐ Delete ☐ Change ■ Addition MEGAMELA, LLC NAME NAME 3116 ROSS CLARK CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DOTHAN, AL 36303 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition DARTY PROPERTIES, LLC NAME NALE STREET ADDRESS 3116 ROSS CLARK CIRCLE STREET ADDRESS CITY-ST-ZIP DOTHAN, AL 36303 CITY-ST-7IP TITLE TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition HAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P TITLE TITLE ☐ Delete Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TETLE 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 filling 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.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

334-678-5818

4-15-05