2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT Apr 24, 2006 8:00 am Secretary of State DOCUMENT # M99000000231 1. Entity Name SCANNELL PROPERTIES #15, LLC 04-24-2006 90039 026 ****50 00 Principal Place of Business Mailing Address 11711 N. PENNSYLVANIA STREET, SUITE 100 11711 N. PENNSYLVANIA STREET, SUITE 100 CARMEL, IN 46032 CARMEL, IN 46032 3. Mailing Address 2. Principal Place of Business 800 E. 96th Street 800 E. 96th Street Suite, Apt. #, etc. Suite, Apt. #, etc. 03312006 CR2E083 (11/05) Cha-LLC Suite 175 Suite 175 City & State Indianapolis, IN 46240 Applied For City & State 4. FEI Number Indianapolis, IN 46240 52-2126153 Not Applicable Zip 46240 Country \$5,00 Additional Zip MARION 5. Certificate of Status Desired Marion 46240 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGRM Change ☐ Addition Delete TITLE TITLE SCANNELL, ROBERT J NAME NAME 800 E. 96th Street, Suite 175 11711 N. PENNSYLVANIA STREET, SUITE 100 STREET ADDRESS STREET ADDRESS Indianapolis, IN 46240 CITY-ST-7IP CARMEL, IN 46032 CITY-ST-7IP Change ☐ Addition **MGRM** Delete TITLE TITLE SNYDER, DOUGLAS L NAME NAME 800 E. 96th Street, Suite 175 STREET ADDRESS 11711 N. PENNSYLVANIA STREET, SUITE 100 STREET ADDRESS Indianapolis, IN 46240 CITY-ST-ZIP CARMEL, IN 46032 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Detete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Сћалде ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

FILED

- Change

☐ Addition

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 4/17/06 (317) 843-5959
SIGNATURE AND TYPED OR PRINTED NAME OF DEMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Doto Devictor Phone #

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT

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DOCUMENT # M9900000231]			
1. Entity Nam								
SCANNE								
			100	N. TEST				
Principal Place of Business Mailing Address						2002	1551	
	ENNSYLVANIA STREET, SUITE 100	11711 N. PENNSYLVANIA STREET, SUITE 100		'/				
CARMEL, IN	40032	CARMEL, IN 46032						
2. Principal D	Place of Business	3. Mailing Address					鐵門間間翻譯	
	96th Street	800 E. 96th Street			HARRIE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03312006	Chg-LLC	CR2E083 (11/05)	
Suite 1		Suite 175 City & State			4. FEI Number		·	Applied For
Indianapolis, IN 46240		Indianapolis, IN 46240)	52-212			Not Applicable
Zip 46240	Country Marion	Zip 46240	Country Mar 10ri		5. Certificate	of Status Desired	□ \$5.00 A	
46240	6. Name and Address of Current R				7. Name and	Address of New R	Fee Requi	red
 			Nam	9	<u> </u>			
CORPORA 1201 HAY	Stree	Street Address (P.O. Box Number is Not Acceptable)						
	SSEE, FL 32301-2525							
								-
			City				FL Zip Co	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office	or register	red agent, or bo	th, in the State of Flo	orida. 1 am familiar witi	n, and accept
SIGNATURE .								
SIGNATURE .	Signature, typed or printed name of registered agent ar	d title if applicable (NOT)	Registered Agent sig	nature required	when reinstating)		DATE	
Filing Fee is \$50.00						Mak	te check payable to	
D	ue by May 1, 2006						a Department of Sta	
9.	MANAGING MEMBER	J RS/MANAGERS	10.			ADDITIONS	/CHANGES	
TITLE	MGRM	□ Defeta	TITLE				☆ Change	Addition
NAME STREET ADDRESS	SCANNELL, ROBERT J S 11711 N. PENNSYLVANIA STREET, SUITE 100			800	n E. 96th	Street, S	uite 175	
CITY-ST-ZIP	CARMEL, IN 46032		STREET ADDRÉ	I .		s, IN 4624		
TITLE	MGRM	Deleta	TITLE				X Change	Addition
NAME STREET ADDRESS	SNYDER, DOUGLAS L 11711 N. PENNSYLVANIA STREET, SUITE 100			800	E. 96th	Street, S	uite 175	
CITY-ST-ZIP	CARMEL, IN 46032		STREET ADDRE	Ind	Indianapolis, IN 46240			
TITLE		Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRES	:e				
CITY-ST-ZIP			CITY-ST-ZIP	,,				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			NAME Street Addres	,,				
CITY-ST-ZIP			CITY-ST-ZIP	~				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADORE:					
CITY-ST-ZIP			CITY-ST-ZIP	22				
TITLE		☐ Detete	TITLE				☐ Change	Addition
NAME			NAME STOREST A DODGE	,				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	>>				
11. I hereby o	l certify that the information supplied with	his filing does not qualify for	the exemptions	contained	in Chapter 119,	Florida Statutes. I f	urther certify that the in	formation
indicated	on this report is true and accurate and t bility company or the receiver or trustee	hat my signature shall have	the same legal c	effect as if m	nade under oath	n: that I am a mana	ging member or mana	ger of the

SIGNATURE:

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

Date

Date

Description Phone 4