Feb 04, 2008 8:00 am Secretary of State 2008 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P01000120196 02-04-2008 90060 014 ***150 00 1. Entity Name MANATEE FARM PROPERTIES, INC. Principal Place of Business Mailing Address 932 5TH AVE WEST 932 5TH AVE WEST PALMETTO, FL 34221 PALMETTO, FL 34221-2. Principal Place of Business - No P.O. Box # 3. Mailing Address P O Box 1087 Suite, Apt. #, etc. Suite, Apt. #, etc. 01162008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Palmetto 80-0020409 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name QUINLAN, JOHN V Street Address (P.O. Box Number is Not Acceptable) **601 12TH STREET WEST** BRADENTON, FL 34205 City Zip Code FL 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 trile if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE ☐ Change ☐ Addition TAYLOR, JOHN M NAME NAME STREET ADDRESS 1510 17TH STREET WEST STREET ADDRESS PALMETTO, FL 34221 CITY-ST-2IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition TAYLOR, R JAY NAME NAME STREET ADDRESS 1724 17TH STREET WEST STREET ADDRESS CITY - ST - ZIP PALMETTO, FL 34221 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 or suppliermental upon its true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trusts. Employered te execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an adverse mental other like impowered.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE

CITY-ST-ZIP

TYPED OR PRINTID NAME OF SIGNING OFFICER OR DIRECTOR

/3./0: 94:7293883

FILED