2006 FOR PROFIT CORPORATION

Apr 10, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P02000112993 04-10-2006 90320 009 ***150.00 SILVER CREEK COMMUNITIES, INC. Principal Place of Business Mailing Address 60025368 2809 OCEAN DR. SOUTH 1842 WATERBURY LN ORANGE PARK, FL 32003 JACKSONVILLE BEACH, FL 32250 2. Principal Place of Business 3. Mailing Address 2809 Ocean Suite, Apt. #, etc Suite. Apt. #. etc. 03072006 CR2E034 (11/05) City & State 4. FE! Number Applied For acksonville 33-1026681 Not Applicable Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, GRADY H JR Street Address (P.O. Box Number is Not Acceptable) 1279 KINGSLEY AVE STE 117 ORANGE PARK, FL 32073 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D ☐ Change ☐ Addition TITLE ☐ Delete TITLE SENHART, NECDET NAME NAME 2809 OCEAN DR S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32250 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete TITLE Edginaton, William L. EDGINGTON, WILLIAM L NAME 3804 Green View 1842 WATERBURY LN STREET ADDRESS STREET ADDRESS ORANGE PARK, FL 32003 CITY-ST-ZIP CITY-ST-ZIF TITLE □ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to 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 address, with all other like empowered.

FILED