2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 25, 2007 8:00 am Secretary of State DOCUMENT # P03000066512 04-25-2007 90193 049 ***158.75 LONDON CREEK RANCH HOLDINGS, INC. Mailing Address Principal Place of Business 40081276 18745 SE FEDERAL HWY 18745 SE FEDERAL HWY TEQUESTA, FL 33469 TEQUESTA, FL 33469 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 416 CleMatis 416 Clematis Suite, Apt. #, etc. Suite, Apt. #, etc 02202007 CR2E034 (12/06) Chg-P City & State 4. FEI Number Applied For Beach 86-1068580 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUBENFELD, DAREN Box Number is Not Acceptable) 18745 SE FEDERAL HWY TEQUESTA, FL 33469 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. 0 (NOTE: Registered Agent signature required when reinstating) of redistered agent and title if applicable Signature, typeg or printed na 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change ☐ Addition Delete TITLE TITLE 416 Clematis St West Palm Beach, FZ 33401 Schange and MILLER, ROBERT L NAME NAME STREET ADDRESS 18745 SE FEDERAL HWY STREET ADDRESS TEQUESTA, FL 33469 CITY-ST-2IP CITY+ST-ZIP EVP TITLE TITLE Delete 416 Clematis St. West Palm Beach, PL 33401 RUBENFELD, DAREN NAME NAME STREET ADDRESS 18745 SE FEDERAL HWY STREET ADDRESS TEQUESTA, FL 33469 CITY-ST-ZIP CITY+ST-ZIP Addition ☐ Delete TITLE TITLE МАМЕ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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