2006 FOR PROFIT CORPORATION ANNUAL REPORT

05-04-2006 90245 029 ***150.00 **DOCUMENT # P95000060814** 1. Entity Name LOXAHATCHEE INVESTORS, INC. 40085104 Principal Place of Business Mailing Address 501 MAPLEWOOD PO BOX 3351 JUPITER, FL 33458 US TEQUESTA, FL 33469 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0610022 Not Applicable Zip Country Zip 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 RATHKE, RICHARD C 501 MAPLEWOOD DRIVE Street Address (P.O. Box Number is Not Acceptable) JUPITER, FL 33458 City Zip Code F١ 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. SIGNATURÉ Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be \Box Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete Addition TITLE ☐ Change RATHKE RICHARD C. NAME NAME 9142 East Ridge STREET ADDRESS 501 MAPLEWOOD DR. STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP aldon. CD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SPITZNAGEL, WILLIAM F NAME STREET ADDRESS 501 MAPLEWOOD DR., STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-7IP VPD TOTLE Delete TITLE ☐ Change Addition GORE, H. GEARL NAME 501 MAPLEWOOD DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP Delete TITLE ☐ Change Addition SPITZNAGEL, KIM NAME NAME STREET ADDRESS 501 MAPLEWOOD DR. STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

May 04, 2006 8:00 am Secretary of State