2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 14, 2008 8:00 am Secretary of State DOCUMENT # P97000008141 01-14-2008 90118 001 ****50.00 1. Entity Name 01-14-2008 90118 002 ****50.00 TRIPPE REALTY MANAGEMENT INC. 01-14-2008 90118 003 ****50.00 Mailing Address Principal Place of Business 5208 S.W. 91ST DRIVE 5208 S.W. 91ST DRIVE 66000103 SUITE D SUITE D GAINESVILLE, FL 32608 GAINESVILLE, FL 32608 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3420236 Not Applicable Country Zip Country Zip \$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 TRIPPE, PAT Street Address (P.O. Box Number is Not Acceptable) 5208 S.W. 91ST DRIVE SUITE D GAINESVILLE, FL 32608 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. DATE Signature, typed or printed name of registered agent and title if applicable (NQTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change Delete POMT Addition TITLE TITLE Trippe, Patricia K. 5208 Eugist Dr. Suite D TRIPPE, PATRICIA K. NAME NAME 4400 NW 36TH AVENUE STREET ADDRESS STREET ADDRESS GAINESVILLE, FL 32606 CITY-ST-ZIP CITY-ST-ZIP Gainesville, FL 32608 Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP treasurer Change X Addition TITLE ☐ Defete Heather Tuckner 5208 SW912 Dr., Switch (James Wilr, FL 32608 NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP secretary X Addition ☐ Delete TITLE Change Change TITLE Margic Roach 5208 Sw918 Drive, Suite D Glaines VIII, FL 3268 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CHY-ST-ZIP Change | ☐ Addition Delete 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

Date

Daytime Phone #