2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 01, 2007 8:00 am Secretary of State **DOCUMENT #L02000004710** 05-01-2007 90329 045 ****50.00 1. Entity Name JEFF ZOLLER, GENERAL CONTRACTOR, LLC Principal Place of Business Mailing Address المراجع والإحفاج ويعدا فياك 1312 50TH AVE. DRIVE WEST P.O. BOX 1375 PALMETTO, FL 34221 BRADENTON, FL 34206 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4511 DOLPHIN LAW E Suite, Apt. #, etc. 04302007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For FL PALMETTO 65-1012766 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARNES, GARRET T 3119 MANATEE AVE. WEST Street Address (P.O. Box Number is Not Acceptable) 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE TITLE Delete Change Addition ZOLLER, JEFFREY G NAME STREET ADDRESS P.O. BOX 1375 STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34206 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ 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 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

K B 40 255 Daytime Phone I

SEPFRSY G. ZDLLER

NAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPED

FILED