

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021780

FILED  
Mar 15, 2008  
Secretary of State

Entity Name: INSTEP, LLC

**Current Principal Place of Business:**

400 NORTH TAMPA STREET, SUITE 2300  
TAMPA, FL 33602

**New Principal Place of Business:**

1608 METROPOLITAN CIRCLE  
SUITE B  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

POST OFFICE BOX 38070  
TALLAHASSEE, FL 32315

**New Mailing Address:**

FEI Number: 20-1412739      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCAIN, CARTER B  
201 NORTH TAMPA STREET, SUITE 2000  
TAMPA, FL 33602    US

**Name and Address of New Registered Agent:**

JONES, EUGENE B  
1608 METROPOLITAN CIRCLE, SUITE B  
TALLAHASSEE, FL 32308    US

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.

SIGNATURE: EUGENE B. JONES

03/15/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MCCAIN, CARTER B  
Address: 400 NORTH TAMPA STREET, SUITE 2300  
City-St-Zip: TAMPA, FL 33602

Title: MGR      ( ) Delete  
Name: STEPHENS, ROBERT  
Address: 14409 W NEBRASKA AVE  
City-St-Zip: TAMPA, FL 33613

Title: MGR      ( ) Delete  
Name: JONES, GENE  
Address: 2012 DUNEAGLE LANE  
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGR      ( ) Delete  
Name: KERN, CHARLES  
Address: 3540 NW 71ST STREET  
City-St-Zip: COCONUT CREEK, FL 33073

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: MCCAIN, CARTER B  
Address: POST OFFICE BOX 38070  
City-St-Zip: TALLAHASSEE, FL 32315

Title: MGR      (X) Change ( ) Addition  
Name: STEPHENS, ROBERT  
Address: POST OFFICE BOX 38070  
City-St-Zip: TALLAHASSEE, FL 32315

Title: MGR      (X) Change ( ) Addition  
Name: JONES, GENE  
Address: POST OFFICE BOX 38070  
City-St-Zip: TALLAHASSEE, FL 32315

Title: MGR      (X) Change ( ) Addition  
Name: KERN, CHARLES  
Address: POST OFFICE BOX 38070  
City-St-Zip: TALLAHASSEE, FL 32315

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: EUGENE B. JONES

MGR

03/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date