2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
08 APR 28 AM 10: 13

DOCUMENT # L03000015144

1. Entity Name
PIERCE-THOMAS, LLC

Principal Place of Business	Mailing Address
3107 O'BRIEN DRIVE TALLAHASSEE FL 32309	3107 O'BRIEN DRIVE TALLAHASSEE FL 32309

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		P.O. Box 12368	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Tallahassee, FL.	
Zip	Country	Zip: 32317	Country

4. FEI Number: 14-1881669 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, WAYNE R
3107 O'BRIEN DRIVE
TALLAHASSEE FL 32309

7. Name and Address of New Registered Agent

Name: CHRIS KEENA
Street Address (P.O. Box Number is Not Acceptable): 1334 TIMBERLANE ROAD SUITE #10
City: TALLAHASSEE, FL Zip Code: 32312

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] CHRIS M. KEENA APRIL 28, 2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, WAYNE R 3107 O'BRIEN DRIVE TALLAHASSEE FL 32309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R. CARLTON DEAN 3107 O'BRIEN DRIVE TALLAHASSEE, FL. 32309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400126184494 04/28/08--01005--008 **138.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: [signature] April 28, 2008 850.222.2373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #