2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 04, 2008
Secretary of State

DOCUMENT# L04000078283

Entity Name: PTI MAPS, LLC

Current Principal Place of Business:

2028 PALMETTO STREET
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

2028 PALMETTO STREET
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 20-1957398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WATTS-FITZGERALD, ABIGAIL C
1111 BRICKELL AVE.
SUITE 2500
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SMITH, JANE S
Address: 609 SHEARWOOD DRIVE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SMITH, JANE S
Address: 609 SHEARWOOD DRIVE
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: MGRM ( ) Change (X) Addition
Name: CONLEY, E. THOMAS
Address: 4294 ORIOLE AVENUE
City-St-Zip: PORT ORANGE, FL 32137 US

Title: MGRM ( ) Change (X) Addition
Name: WILLIAMS, RICHARD W
Address: 3 RIDGE ROAD
City-St-Zip: BEAUFORT, SC 29907

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: JANE S. SMITH MRS 04/04/2008

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