2007 LIMITED LIABILITY COMPANY

Apr 23, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #L06000017818** 04-23-2007 90362 040 ****50.00 MARTIN & THOMAS L.L.C. 480104 Principal Place of Business Mailing Address 1767 HERMITAGE BLVD., #12204 1767 HERMITAGE BLVD., #12204 TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 20-4343 401 Not Applicable Country Zip Country Zip \$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 MARTIN, BRIAN Street Address (P.O. Box Number is Not Acceptable) 1767 HERMITAGE BLVD., #12204 TALLAHASSEE, FL 32308 Zip Code 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) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. **MGRM** TITI F ☐ Delete TITI E Change ☐ Addition NAME THOMAS, ROGER NAME 1767 HERMITAGE BLVD., #12204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change Addition MARTIN, BRIAN NAME NAME STREET ADDRESS 1767 HERMITAGE BLVD., #12204 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition

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.

NAME

STREET ADDRESS

SIGNATURE: NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

STREET ADDRESS

CITY-ST-ZIP

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND STPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L06000017818 1. Entity Name MARTIN & THOMAS L.C. ATTACHMENT Principal Place of Business Mailing Address 1767 HERMITAGE BLVD., #12204 1767 HERMITAGE BLVD., #12204 TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 40075111 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-4343401 Not Applicable Zip 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 MARTIN, BRIAN Street Address (P.O. Box Number is Not Acceptable) 1767 HERMITAGE BLVD., #12204 TALLAHASSEE, FL 32308 City Zip Code 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) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Addition **MGRM** TITI F TITI F ☐ Change ☐ Delete NAME THOMAS, ROGER NAME STREET ADDRESS 1767 HERMITAGE BLVD., #12204 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP MGRM ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MARTIN, BRIAN NAME STREET ADDRESS 1767 HERMITAGE BLVD., #12204 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition TITLE ☐ Delete TITLE 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 ma limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.