

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 21, 2008 08:00 AM**  
**Secretary of State**

|                                                                                    |                                                                                   |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L06000058114</b><br>1. Entity Name<br><b>CLOSE AND MCDANIEL, LLC</b> |  |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                           |                                                                               |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Principal Place of Business<br><b>4899 CAPITAL CIRCLE, N.W.<br/>TALLAHASSEE, FL 32303</b> | Mailing Address<br><b>4899 CAPITAL CIRCLE, N.W.<br/>TALLAHASSEE, FL 32303</b> |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-LLC

CR2E083 (12/07)

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>20-5380862</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required               |

|                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>MCDANIEL, CAROLE C<br/>4899 CAPITAL CIRCLE, N.W.<br/>TALLAHASSEE, FL 32303</b> |
|------------------------------------------------------------------------------------------------------------------------------------------|

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IN THIS SPACE**

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 *Carole Close McDaniel* **5/1/08**  
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**

| 9. MANAGING MEMBERS/MANAGERS                       |                                                                                     |
|----------------------------------------------------|-------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGR<br/>MCDANIEL, CAROLE C<br/>4899 CAPITAL CIR NW<br/>TALLAHASSEE, FL 32309</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                     |

**DO NOT WRITE  
IN THIS SPACE**

U000000351815  
06/04/08-80053-001 138.75

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.

SIGNATURE: *Carole Close McDaniel* **5/1/08** **850 556-2722**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  
**CAROLE CLOSE MCDANIEL**