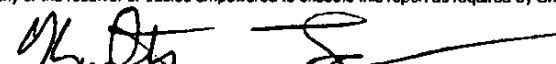


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/11/2007-90035-026-\$50.00-\$50.00

DOCUMENT # L04000076369 1. Entity Name PSYCHEDELIC SHACK, LLC				FILED 07 OCT 10 PM 1:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business P.O. BOX 20908 TALLAHASSEE, FL 32316		Mailing Address P.O. BOX 20908 TALLAHASSEE, FL 32316			
2. Principal Place of Business - No P.O. Box # P.O. Box 20908		3. Mailing Address P.O. Box 20908			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Tallahassee FL		City & State Tallahassee FL		4. FEI Number 20-1800609	
Zip 32316		Country U.S.		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, KENNETH 410 CHRISTIAN LOOP HAVANA, FL 32333				7. Name and Address of New Registered Agent Name Kenneth Jones Street Address (P.O. Box Number is Not Acceptable) 410 Christian Loop City Havana State FL Zip Code 32333	
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  DATE 7-9-07 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, KENNETH P.O. BOX 20908 TALLAHASSEE, FL 32316	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
REINSTATEMENT					
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 808, Florida Statutes.					
SIGNATURE: 			Date 7-9-07 Daytime Phone # 850-510 6177		