2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/12/2008-90016-032-$538.75-$538.75
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT -9 PM 3:45

DOCUMENT #-L05000114806

1. Entity Name
JUBILEE GRACEVILLE CENTER, LLC

Principal Place of Business	Mailing Address
1111 S. BELTLINE HIGHWAY, SUITE 204 202 MOBILE, AL 36606	C/O SOUTHEAST REAL ESTATE PO BOX 8860 MOBILE, AL 36689

07232008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
36662 Dauphin Street	
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc.
City & State Mobile, Alabama	City & State
Zip 36608 Country USA	Zip Country

4. FEI Number
20-3843901
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $538.75
Due by September 12, 2008

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SOUTHEAST REAL ESTATE INVESTMENT CORP 3662 DAUPHIN ST STE 2A MOBILE, AL 36608	☐ Delete	President Christopher B. White - Mgr	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JUBILEE CENTER LLC 1111 S. BELTLINE HIGHWAY, SUITE 204 MOBILE, AL 36606	☒ Delete	Sole Member Jubilee Centers, LLC - MGRM 36662 Dauphin Street - Suite A Mobile, Alabama 36608	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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.

SIGNATURE: Christopher B. White 7-24-08 251-460-4670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #