2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Apr 25, 2008 8:00 am Secretary of State DOCUMENT # L00000015011 04-25-2008 90027 004 ***138.75 BARNHILL, BARNHILL, & BARNHILL, L.L.C. Principal Place of Business Mailing Address 131 BAY MAGNOLIA LANE PO BOX 1159 SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459 3. Mailing Address P.O. Box Suite, Apt. #, etc. Suite, Apt. #, etc 04232008 Chq-LLC CR2E083 (12/06) Scity & State Rosa 4. FEI Number Applied For 59-3685852 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARNHILL, DARRELL J 131 BAY MAGNOLIA LANE SANTA ROSA BEACH, FL 32459 eacl ANTA 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. the obligations of registered agent. SIGNATURE title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MERM Change **MGRM** ■ Addition TITLE TITI F ☐ Delete BARNHILL, DARRELL J NAME NAME STREET ADDRESS 131 BAY MAGNOLIA LANE STREET ADDRESS SANTA ROSA BEACH, FL 32459 CITY-ST-ZIP CITY-ST-ZIP MGRM ☐ Addition Delete Change TITLE TITLE NAME BARNHILL, WESLEY D NAME Unst 9-3 131 BAY MAGNOLIA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANTA ROSA BEACH, FL 32459 CITY-ST-ZIP ■ Addition MGRM Change ☐ Delete TITLE TITLE BARNHILL, BRIAN C NAME NAME UNIT 9-C STREET ADDRESS 131 BAY MAGNOLIA LANE STREET ADDRESS SANTA ROSA BEACH, FL 32459 F1 • 32459 CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change TITLE TITLE BUTLER, VANNESS R NAME STREET ADDRESS 138 MAGNOLIA STREET STREET ADDRESS SANTA ROSA BEACH, FL 32459 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 ndicated 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 imited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER OR AUTHORIZED REPRESENT