2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

4/25/2008-90030-028-$55.00-$55.00

FILED
08 JUN -3 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000000964

1. Entity Name
UMBERGER REAL ESTATE PROPERTY, LLC

Principal Place of Business	Mailing Address
6724 EPPING FOREST WAY N. JACKSONVILLE, FL 32217	6724 EPPING FOREST WAY N. JACKSONVILLE, FL 32217

04102008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
118 W. Adams St.	118 W. Adams Street
Suite, Apt. #, etc.: Suite 600	Suite, Apt. #, etc.: Suite 600
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32202 Country: USA	Zip: 32202 Country: USA

4. FEI Number: 59-3692233 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

UMBERGER, KATHRYN D
6724 EPPING FOREST WAY N.
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent

Name: Steven J. Umberger
Street Address (P.O. Box Number is Not Acceptable): 118 West Adams Street Ste. 600
Jacksonville, FL 32202
City: Jacksonville FL Zip Code: 32202

8. The above named entity submits this statement for the purpo[se] 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)

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UMBERGER, KATHRYN D 6724 EPPING FOREST WAY N. JACKSONVILLE, FL 32217	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Umberger, Steven J. 118 West Adams Street, Ste 600 ~~Jacksonville, FL 32202~~	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: Steve Umberger 4-12-8 904.353.9020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #