2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 17, 2008 8:00 am Secretary of State DOCUMENT # L02000009952 04-17-2008 90165 031 ***138.75 ALL SAINTS LOBBY, L.L.C. Principal Place of Business Mailing Address DUUUAUZU 1435 PIEDMONT DR EAST 1435 PIEDMONT DR EAST TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 CR2E083 (12/07) 04152008 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 75-3071299 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **ELLIOTT, LARRY G** DO NOT WRITE 1435 PIEDMONT DRIVE EAST TALLAHASSEE, FL 32308 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS MGR TITLE ELLIOTT, LARRY G NAME STREET ADDRESS 1435 PIEDMONT DR EAST CITY-ST-ZIP TALLAHASSEE, FL 32308 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CiTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 fiability company or the receiver or fuster smpowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED