2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, O

Apr 22, 2005 08:00 AM Secretary of State DOCUMENT # L02000016481 1. Entity Name BAIN, L.L.C. Mailing Address Principal Place of Business 🚊 1010 SHALIMAR DRIVE 1010 SHALIMAR DRIVE TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 01062005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DUGGER, DONNA M 1010 SHALIMAR DRIVE TALLAHASSEE, FL 32312 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or footh, 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 little if applicable (NOTE Registered Agent signature required when reinstating) U00000322260 Filing Fee is \$50.00 Due by May 1, 2005 04/22/05-80005-009 50.00 MANAGING MEMBERS/MANAGERS 9. MGR JITLE DUGGER, DONNA NAME 1010 SHALIMAR DR STREET ADDRESS TALLAHASSEE, FL 32312 CITY-ST-ZIP 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 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; that I am a managing member or manager of the ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

AUTHORIZED REPRESENTATIVE

FILED