2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED DOCUMENT # L02000021624 Jul 16, 2008 08:00 AM TANNERS PUB, LLC **Secretary of State** Principal Place of Business Mailing Address 325 W. CENTRAL AVENUE 325 W. CENTRAL AVENUE WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 07142008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0479074 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent TENNICK, JOHN N DO NOT WRITE 512 LAKE LULU DRIVE WINTER HAVEN, FL 33880 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, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Due by September 12, 2008 liability company did not receive the prior notice. MANAGING MEMBERS/MANAGERS 9. MGRM TITLE TENNICK, JOHN N NAME STREET ADDRESS 615 KINGS LANE U00000955268 U7/16/08-80009-007 138.75 CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE MGRM NAME TENNICK, DEBBIE L STREET ADDRESS 512 LAKE LULU DRIVE WINTER HAVEN, FL 33880 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

11. Thereby certify that the information supplied with this filling 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 significure 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 impowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #