2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021780

Entity Name: INSTEP, LLC

FILED Mar 15, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

400 NORTH TAMPA STREET, SUITE 2300 1608 METROPOLITAN CIRCLE TAMPA, FL 33602

SUITE B

TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 38070 TALLAHASSEE, FL 32315

FEI Number: 20-1412739 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCCAIN, CARTER B JONES, EUGENE B

1608 MÉTROPOLITAN CIRCLE, SUITE B 201 NORTH TAMPA STREET, SUITE 2000

TAMPA, FL 33602 TALLAHASSEE, FL 32308

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.

SIGNATURE: EUGENE B. JONES 03/15/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete (X) Change () Addition

MCCAIN, CARTER B MCCAIN, CARTER B Name: Name: 400 NORTH TAMPA STREET, SUITE 2300 Address: POST OFFICE BOX 38070 Address:

City-St-Zip: TAMPA, FL 33602 City-St-Zip: TALLAHASSEE, FL 32315

Title: MGR () Delete Title: MGR (X) Change () Addition STEPHENS, ROBERT Name: STEPHENS, ROBERT Name: Address: 14409 W NEBRASKA AVE Address: POST OFFICE BOX 38070

City-St-Zip: TAMPA, FL 33613 City-St-Zip: TALLAHASSEE, FL 32315

Title: MGR () Delete Title: MGR (X) Change () Addition JONES, GENE JONES, GENE Name: Name:

2012 DUNEAGLE LANE Address: Address: POST OFFICE BOX 38070 City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: TALLAHASSEE, FL 32315

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: KERN, CHARLES Name: KERN, CHARLES

POST OFFICE BOX 38070 Address: 3540 NW 71ST STREET Address: City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: TALLAHASSEE, FL 32315

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EUGENE B. JONES 03/15/2008