2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 18, 2008 8:00 am Secretary of State **DOCUMENT # L02000032981** GARY M. MONTOUR, LLC Principal Place of Business Mailing Address JUUUY/2b 1 INDEPENDENT DRIVE 1 INDEPENDENT DRIVE STE 2401 STE 2401 JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 04162008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number NOT APPLICABLE Applied For \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MONTOUR, GARY M DO NOT WRITE 1 INDEPENDENT DRIVE 1499 STE 2401 IN THIS SPACE JACKSONVILLE, FL 32202 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, typed or printed name of registered agent and title If applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME MONTOUR, GARY M 1 INDEPENDENT DR STE 2401 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32202 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby 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 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR

FILED

ATTACHMENT

#L02000032981

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