2007 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Feb 02, 2007 08:00 AM DOCUMENT # L03000019578 **Secretary of State** PODSTERSHIRE, L.L.C. Principal Place of Business Mailing Address P.O. BOX 1533 370 N. HATHAWAY AVENUE BRONSON, FL 32621 BRONSON, FL 32621 CR2E083 (11/05) 01292007 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BEAUCHAMP, GREGORY V DO NOT WRITE 107 E. PARK ÁVENUE CHIEFLAND, FL 32644 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 famillar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE MCKOY, DOUGLAS K NAME STREET ADDRESS 370 N. HATHAWAY AVENUE CITY-ST-ZIP BRONSON, FL 32621 02/07/07-80085-003_50.00 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

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 liability company or the receiver or true empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: als) THE NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PE

TITLE NAME STREET ADDRESS CITY-ST-ZIP