2007 LIMITED LIABILITY COMPANY

Mar 29, 2007 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # L03000022462 03-29-2007 90180 033 ****50.00 1. Entity Name TRYLAND, L. L. C. Principal Place of Business Mailing Address 14952 U.S. 90 14952 U.S. 90 60030368 LIVE OAK, FL 32060 LIVE OAK, FL 32060 03232007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0586239 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NOBLES, RANDY K DO NOT WRITE 14952 U. S. 90 LIVE OAK, FL 32060 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) DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NOBLES, RANDY K NAME STREET ADDRESS 14952 U.S. 90 LIVE OAK, FL 32060 CITY-ST-ZIP MGRM TITLE NAME NOBLES, RONNY W STREET ADDRESS **7416 COUNTY ROAD 795** LIVE OAK, FL 32060 CITY-ST-ZIP 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 STREET ADDRESS

11. I hereby certify that the information supplied with this tiling 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 accorde 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

BIGHATURE AND TYPED OR PRINTED HAME OF DEGINING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

FILED