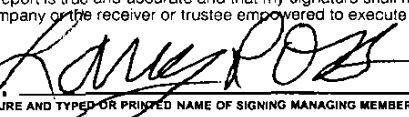


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90037 006 ***138.75

DOCUMENT # L03000031107 1. Entity Name LARRY ROSS PROPERTIES, LLC																																																			
Principal Place of Business 5538 A NW 43RD ST GAINESVILLE, FL 32653		Mailing Address 5538 A NW 43RD ST GAINESVILLE, FL 32653																																																	
2. Principal Place of Business - No P.O. Box # 324 NW 154th Street		3. Mailing Address 324 NW 154th Street																																																	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																	
City & State Newberry, FL		City & State Newberry, FL																																																	
Zip 32669		Zip 32669																																																	
Country US		Country US																																																	
4. FEI Number 20-0177282		Applied For <input type="checkbox"/> Not Applicable																																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent CHAMBERLAIN, STEVEN M 618 NE 1ST ST. GAINESVILLE, FL 32601		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																																																	
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> MGR ROSS, LARRY J 2604 NW 162ND ST. NEWBERRY, FL 32669 </td> <td style="width: 10%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROSS, LARRY J 2604 NW 162ND ST. NEWBERRY, FL 32669	<input type="checkbox"/> Delete																						10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> 324 NW 154th Street Newberry, FL 32669 </td> <td style="width: 10%; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	324 NW 154th Street Newberry, FL 32669	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																					
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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																																																			
SIGNATURE 		Date 4/21/08 Daytime Phone 352-538-7002																																																	