


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90117 048 ***138.75

DOCUMENT # L03000038694	
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1. Entity Name CMC-WAKULLA, LLC	Principal Place of Business 1415 TIMBERLANE ROAD 217 TALLAHASSEE, FL 32312	Mailing Address 1415 TIMBERLANE ROAD 217 TALLAHASSEE, FL 32312
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60016203



2. Principal Place of Business - No P.O. Box # 1471 Timberlane Rd.	3. Mailing Address 1471 Timberlane Rd.
Suite, Apt. #, etc. 126	Suite, Apt. #, etc. 126

City & State Tallahassee, FL.	City & State Tall., FL.
Zip 32312	Zip 32312
Country USA	Country USA

03192008 Chg-LLC CR2E083 (12/06)

4. FEI Number 58-2677444	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CRONA, WILLIAM D 1415 TIMBERLANE ROAD TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent
Name Crona, William D.
Street Address (P.O. Box Number is Not Acceptable) 1471 Timberlane Rd
Suite Suite 126
City Tallahassee
FL Zip Code 32312

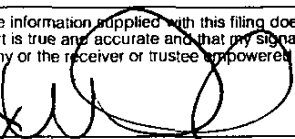
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when re-registering) DATE 3/15/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRONA, WILLIAM D 1415 TIMBERLANE ROAD, STE 217 TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Crona, William D. 1471 Timberlane Rd. #126 Tallahassee, FL. 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARVEY, DAVID 117 HARVEY YOUNG FARM RD CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN, STEVEN W P.O. BOX 9 PANACEA, FL 32346 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE** Date Daytime Phone #