.2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

Feb 20, 2008 08:00 All Secretary of State DOCUMENT # L03000047224 1. Entity Name RICHARD BRANTLY CONST. "LLC" Principal Place of Business Mailing Address 1705 KELLEY ST 1705 KELLEY ST TALLAHASSEE FL 32310 TALLAHASSEE FL 32310 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 75-3137984 Not Applicable Country Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRANTLY, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 1705 KELLEY ST TALLAHASSEE FL 32310 City Zip Code 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. † am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or partied name of registered agent and title if gopacable (NOTE: Registored 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM Delete TITLE ☐ Addition NAME BRANTLY, RICHARD L NAME STREET ADDRESS 1705 KELLEY ST STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32310 CITY-ST-ZIP UTLE **MGRM** ☐ Delete TITLE ☐ Change ☐ Addition NAME BRANTLY, GREGORY NAME 000000833200 02/28/08-80003-013 138.75 STREET ADDRESS 1705 KELLEY ST STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32310 CITY-ST-7iP TITLE ☐ Delete HILL ☐ Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Delete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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SIGNATURE: 2-15-08 850-321-1821

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 expect this report as required by Chapter 608, Florida Statutes.

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