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

limited liability company or the reg

SIGNATURE:

Apr 09, 2008 08:00 Al Secretary of State **DOCUMENT # L03000051516** 1. Entity Name ROBERT KERR, LLC Principal Place of Business Mailing Address 12211 CHIPPENHAM CT 12211 CHIPPENHAM CT JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E083 (10/07), 1000; 1st MOORE City & State City & State 4. FEI Number Applied For 20-0459798 Not Applicable Zip Country 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 FORDHAM, SCOTT B Street Address (P.O. Box Number is Not Acceptable) 1241 S MCDUFF AVE JACKSONVILLE FL 32205 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or or nied name of registered agent and title if applicable (NOTE: Registered Agent signature required whos 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 10. ADDITIONS/CHANGES TITLE MGRM Delete TITLE Change Addition KERR, ROBERT J JR NAME NAME U000000888790 STREET ADDRESS 12211 CHIPPENHAM CT STREET ADDRESS 04/22/08-80028-005 138.75 CITY-ST-ZIP JACKSONVILLE FL 32225 CITY-ST-2P TITLE ☐ Delete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST - Z:P TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIE CITY-ST-Z:P TITLE ☐ Delete TITLE Change Addition NAME NAME 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 11. Thereby certify that the information supplied with this filling 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

repowered to execute this report as required by Chapter 608. Florida Statutes.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytore P. rxrc #