2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 30, 2008 8:00 am Secretary of State DOCUMENT # L03000053864 04-30-2008 90017 020 ***138.75 L.M.L. GROUP, LIMITED LIABILITY COMPANY Principal Place of Business Mailing Address P.O. BOX 47512 P.O. BOX 47512 18640000 ST PETERSBURG, FL 33743 ST PETERSBURG, FL 33743 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2898 66H Suite, Apt. #, etc. Suite, Apt. #, etc. 03252008 Chg-LLC CR2E083 (12/06) City & State St Petersburg City & State 4. FEI Number Applied For 06-1714808 Not Applicable 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 LOTT, LAWRENCE M Street Address (P.O. Box Number is Not Acceptable) 13404 S.W. 104TH LANE DUNNELLON, FL 34432 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 Signatura, typed or printed name of registered agent and title if applicable ared Agent signature required when reinstating 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 9. ADDITIONS/CHANGES 10. MGRM MGRIM TITLE ☐ Delete TITLE Change ☐ Addition LOTT, LAWRENCE M Lott, Lawrence M NAME NAME STREET ADDRESS 13404 SW 104TH LANE STREET ADDRESS 2898 66th St N St. Petersburg CITY-ST-7IP DUNNELLON, FL 34432 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Change MLE ☐ 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-7IP

1-g-08

FILED