2007 LIMITED LIABILITY COMPANY

Jan 29, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L03000055086** 01-29-2007 90148 037 ****55.00 ELIZÁBETH HICKMAN, LLC Mailing Address Principal Place of Business 12531 MAHAN DRIVE 12531 MAHAN DRIVE TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 01192007 CR2E083 (12/06) Chg-LLC Applied For 4. FEI Number City & State City & State 13-4210732 Not Applicable Zio Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HICKMAN, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 12531 MAHAN DRIVE TALLAHASSEE, FL 32309 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. MGR Delete TITLE Change ☐ Addition HICKMAN, ELIZABETH NAME NAME 12531 MAHAN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-718

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TALLAHASSEE, FL 32309 ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE 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-ZI₽ CITY-ST-ZIP 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.

OR PRINTED NAME OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE