FILED Jun 12, 2007 8:00 am Secretary of State

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2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT 05-04-2007 90311 002 ****50 00 **DOCUMENT # L03000056274** 1. Entity Name MIKE HILL LLC 30010542 Principal Place of Business Mailing Address 4212 BAY LINE AVE. 4212 BAY LINE AVE. PANAMA CITY, FL 32404 PANAMA CITY, FL 32404 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05012007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 56-2410226 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HILL, MIKE 4212 BAY LINE AVE. Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY, FL 32404 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 bits it applicable (NOTE: Regretared Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE MGRM Delete TITLE ☐ Change ☐ Addition HILL, MIKE NAME MALE STREET ADDRESS 4212 BAY LINE AVE. STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32404 CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE Delate Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STIPLET ADDRESS CITY-ST-ZIP 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.

PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE