2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 **FILED** Feb 13, 2008 08:00 AM Secretary of State DOCUMENT # L03000056803 1. Entity Name WILLIAM J. LOVE CONSTRUCTION, LLC Principal Place of Business Mailing Address 10011 CR 738 10011 CR 738 WEBSTER FL 33597 WEBSTER FL 33597 2. Principa: 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 Applied For 4. FEI Number 83-0384825 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Cartificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOVE, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 10011 CR 738 WEBSTER FL 33597 City Z_ip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both lin the State of Florida. I am familiar with land accept the obligations of registered agent Signature, typed or charted name of registered agent and site if applicable (NOTE: Registered Agent sig intigle 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 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGRM U00000826301 □ Change ☐ Delete THEF Addition NAME LOVE, WILLIAM J 02/21/08-80044-012 138.75 STREET ADDRESS 10011 CR 738 STREET ADDRESS CITY - ST- ZIP WEBSTER FL 33597 CITY-ST-ZP TITLE ☐ Defete 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 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P TITLE Detete TITLE Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Defete TITLE Change IncitibbA 🔲 NAME

11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. Hurther 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 path; 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

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

- William J, Lour 10-7eh-08 352568-7172

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Despite a Post of a