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

Feb 14, 2008 08:00 AM Secretary of State DOCUMENT # L04000002780 1. Entity Name STEVEN J. LUEDEKE LLC Principal Place of Business Mailing Address 119 NIEMIRA AVE 119 NIEMIRA AVE INDIALANTIC FL 32903 INDIALANTIC FL 32903 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite. Apt. #. etc. 1st MOORE CR2E083 (10/07) Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Zip Country 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 LUEDEKE, STEVEN J Street Address (P.O. Box Number is Not Acceptable) 119 NIEMĪRA AVE INDIALANTIC FL 32903 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 (NOTE Registered Agent signature required when reinstating) og stered ag brit and title 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 TOTLE MGR Delete TITLE Change Addition LUEDEKE, STEVEN J STREET ADDRESS STREFT ADDRESS <u>U</u>QQQQQ827996 119 NIEMIRA AVE 02/22/08-80012-017 138.75 CITY-ST-ZIP CITY-ST-ZIP INDIALANTIC FL 32903 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ACDRESS CITY-ST-ZIP CITY-ST-ZEP ☐ Delete TITLE Change Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delote 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

FILED

SIGNATURE: 2/6/88
SIGNATURE AND TYPED OR PRINTED VAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DOING DAYLOTO PLANE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DOING DAYLOTO PLANE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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.