

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Aug 27, 2008  
Secretary of State**

DOCUMENT# L04000009665

Entity Name: J. CULP, LLC

**Current Principal Place of Business:**

4639 STONERIDGE TRAIL  
SARASOTA, FL 34232 US

**New Principal Place of Business:**

**Current Mailing Address:**

4639 STONERIDGE TRAIL  
SARASOTA, FL 34232 US

**New Mailing Address:**

FEI Number: 20-0716379      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BLALOCK, WALTERS, HELD & JOHNSON, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 34205 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CULP, JOHN R MD  
Address: 4639 STONERIDGE TRAIL  
City-St-Zip: SARASOTA, FL 34232 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: JOHN CULP MD

MRGM

08/27/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date