2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # L04000012209** 1. Entity Name 04-30-2007 90037 042 ****50.00 F. JOEY DITTMER, LLC Mailing Address Principal Place of Business 3822 WHITEDOVE DRIVE 3822 WHITEDOVE DRIVE LAKELAND, FL 33813 US LAKELAND, FL 33813 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address P.O. Bon 91626 3822 Whitedove Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. 04242007 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State (a) keland FL 01-0809821 Not Applicable aleland FL Country \$5.00 Additional Country Zip 5. Certificate of Status Desired 33804 US. 33813 us Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KEITH, W. C Street Address (P.O. Box Number is Not Acceptable) 1517 COMMERCIAL PARK DRIVE LAKELAND, FL 33801 Zio Code City 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 lifts if applicable. (NOTE: Registered 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 9. 10. ☐ Addition MGRM Change TITE F □ Delete TITLE DITTMER, FRANK NAME NAME 3822 WHITEDOVE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition mn F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TIDE TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70

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.

ttme date: 4/25/07

FILED