2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 25, 2007 8:00 am Secretary of State DOCUMENT # L04000028951 1. Entity Name 04-25-2007 90034 038 ****50 00 ROBERT GUETTLER SOD, L.L.C. Principal Place of Business Mailing Address 2457 JERNIGAN ROAD FORT PIERCE FL 34945 2457 JERNIGAN ROAD FORT PIERCE FL 34945 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, atc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Number 90-0161542 Not Applicable Zip Country Zip. 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 GUETTLER, ROBERT Street Address (P.O. Box Number is Not Acceptable) 2457 JERNIGAN ROAD FORT PIERCE FL 34945 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES HILE mGRM MGR Delete TITLE Addition NAME GUETTLER, ROBERT NAME STREET ADDRESS 2457 JERNIGAN ROAD STRUET ADDRESS CITY-ST-ZIP FORT PIERCE FL 34945 CITY+ST-ZIP 10118 Delete IIII MBRM ☐ Change Addition Debra Guettler 1457 Jerwigan NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HILL ☐ Delete THU ☐ Change ■ Addition NAME NAME STREET ADDRESS STREEL ADDRESS CITY-ST-ZIP CITY-ST-7IP THUE ☐ Delete THE Change Addition NAME. NAME STREET ADORESS STREET ADDRESS CHY-ST-ZIP CHY ST ZIP THLE ☐ Delete HILE ☐ Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-SI-ZIP HILE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STRULT 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 Section 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #