

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036354

FILED  
Aug 07, 2008  
Secretary of State

**Entity Name:** PROVISION I. REAL ESTATE, LLC

**Current Principal Place of Business:**

2153 GAME BIRD COURT  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 16226  
TALLAHASSEE, FL 323176226

**New Mailing Address:**

FEI Number: 55-0879494      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:**

MENCHION, KIMBERLY CLARK ESQ  
2153 GAME BIRD COURT  
TALLAHASSEE, FL 32311      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: MENCHION, KIMBERLY CLARK  
Address: P.O. BOX 16226  
City-St-Zip: TALLAHASSEE, FL 323176226

Title: MGRM      ( ) Delete  
Name: MENCHION, BYRON ALLEN  
Address: P.O. BOX 16226  
City-St-Zip: TALLAHASSEE, FL 323176226

**ADDITIONS/CHANGES:**

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

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: BYRON A. MENCHION

MGRM

08/07/2008

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