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2007 LIMITED LIABILITY COMPANY

STREET ADDRESS CITY-ST-ZP TITLE MALE STREET ADDRESS CITY-ST-ZIP

FILED ANNUAL REPORT Apr 23, 2007 08:00 A Secretary of State **DOCUMENT # L04000039658** CORNERSTONE LAWN CARE LLC Principal Place of Business Mailing Address **3447 HARRISON AVENUE** 3447 HARRISON AVENUE PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 US 04082007 No Chq-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1161900 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCCLUNG, RICHARD P DO NOT WRITE 3447 HARRISON AVENUE PANAMA CITY, FL 32405 IN THIS SPACE 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. DATE Signature, typed or printed rame of registered agent and title if applicable (NOTE: Registered Agent signsture required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE MCCLUNG, RICHARD P NULF 3447 HARRISON AVENUE STREET ADORESS CITY-ST-ZIP PANAMA CITY, FL 32405 U00000724654 05/02/07-80121-001 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE me NAME STREET ADDRESS CITY-ST-ZIP NAME

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 tiability company or the receiver or justee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MEMBER, OR AUTHORIZED REPRESENTATIVE