2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039902

Address:

City-St-Zip:

Entity Name: COMEBACK PROPERTIES, LLC

FILED Apr 19, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 15204 CHAMPION LAKES PLACE LOUISVILLE, KY 40245 **Current Mailing Address: New Mailing Address:** 15204 CHAMPION LAKES PLACE LOUISVILLE, KY 40245 FEI Number: 20-1207837 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBINSON, MARY ELIZABETH ROBINSON, MARY ELIZABETH 32 OLD OAK DRIVE S 32 OLD OAK DRIVE S. PALM COAST, FL 32137 US PALM COAST, FL 32137 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: 04/19/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ROBINSON, THOMAS W Name: Name: Address: 15204 CHAMPION LAKES PLACE Address: City-St-Zip: LOUISVILLE, KY 40245 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: ALLEN, THOMAS COLEMAN Name: ALLEN, THOMAS COLEMAN Address: 15204 CHAMPION LAKES PLACE Address: 7617 ASHLEYWOOD DRIVE City-St-Zip: LOUISVILLE, KY 40245 City-St-Zip: LOUISVILLE, KY 40241 Title: MGRM () Delete Title: () Change () Addition ROBINSON, MARY ELIZABETH Name: Name: Address: 32 OLD OAK DRIVE SOUTH Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: Title: () Delete Title: MGRM () Change (X) Addition Name: Name: ALLEN, STACEY

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.

Address:

City-St-Zip:

7617 ASHLEYWOOD DRIVE

LOUISVILLE, KY 40241

SIGNATURE: MARY ELIZABETH ROBINSON MGRM 04/19/2008