2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED DOCUMENT # L04000042315 Mar 05, 2007 08:00 AM 1. Entity Name **Secretary of State** KOWALSKI & BOHLINGER INVESTMENTS L.L.C. Principal Place of Business Mailing Address 102 BENT TREE TRAIL LAFAYETTE LA 70508 102 BENT TREE TRAIL LAFAYETTE LA 70508 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) Applied For City & State City & State 4. FEI Number 20-1203739 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UHLFELDER, DANIEL W Stroot Address (P.O. Box Number is Not Acceptable) 3092 W. COUNTY HIGHWAY 30A SANTA ROSA BEACH FL 32459 Zip Code 8. The above named onliny 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 Schalure, lyped or printed name of registered agent and fille if applicable (NOTE Registered Agont signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 U00000655078 Make Check Payable to Florida Department of State 03/13/07-80092-011 50.00 Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. IIILI Change Addilion MIL MGRM ☐ Delete NAMI NAME BOHLINGER, LEWIS H III STREET ADDRESS STREET ADDRESS 102 BENT TREE TRAIL CHY-ST ZIP LAFAYETTE LA 70508 CITY-ST 7IP ☐ Addition ☐ Defete Change Change MGRM NAME MAMI KOWALSKI, JOESPH M MD STREET ADDRESS STREET ADDRESS 102 BENT TREE TRAIL CHY ST-78P CITY ST-ZIP LAFAYETTE LA 70508 Oelete Change ☐ Addition BHE IIIII MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY ST-ZIP ☐ Change Addition Addition TITLE Delete MAME NAM SHIELLADORESS STREET LADDRESS CITY-ST ZIP CITY SI-ZIP Addition ☐ Deleie IIIIE Change IIILE NAMI NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY - ST- ZIP ШЦ Change Addition Delete TITLE NAME NAM STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY ST-ZIP

SIGNATURE:

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

11. I horeby certify that the information supplied with this filling 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.

HX6/07 406-2541