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May 31, 2005 8:00 am
Secretary of State

04-29-2005 90053 045 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000048402

1. Entity Name
MCCOMBS ENTERPRISES, LLC

30008352

Principal Place of Business	Mailing Address
10396 OLD DAIRY ROAD PENSACOLA, FL 32534	10396 OLD DAIRY ROAD PENSACOLA, FL 32534

04252005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business: 328 Green Acres Dr	3. Mailing Address: 328 Green Acres Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DeFuniak Springs, Fl	City & State: DeFuniak Springs, Fl
Zip: 32435 Country: US	Zip: 32435 Country: US

4. FEI Number: 20-1298806 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHIBBS, VINCENT J JR. 105 E. GREGORY SQUARE PENSACOLA, FL 32502	Name: Roger L. McCombs Street Address (P.O. Box Number is Not Acceptable): 10396 Old Dairy Lane City: Pensacola FL Zip Code: 32534

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] DATE: 4/25/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCOMBS, ROGER 10396 OLD DAIRY ROAD PENSACOLA, FL 32534	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] Date: 4/25/05 Daytime Phone #

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