

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051305

Entity Name: ECKARDT & KIMBRELL, LLC

FILED
Mar 27, 2008
Secretary of State

Current Principal Place of Business:

701 GRAND PARKE DRIVE
JACKSONVILLE, FL 32259 US

New Principal Place of Business:

1161 CARMONA PLACE
ST. AUGUSTINE, FL 32092 US

Current Mailing Address:

P.O. BOX 58118
JACKSONVILLE, FL 32241 US

New Mailing Address:

1161 CARMONA PLACE
ST. AUGUSTINE, FL 32092 US

FEI Number: 75-3160791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEE, PEGGY C
701 GRAND PARKE DRIVE
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

LEE, PEGGY C
1161 CARMONA PLACE
ST. AUGUSTINE, FL 32092 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:

03/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEE, PEGGY C
Address: P.O. BOX 58118
City-St-Zip: JACKSONVILLE, FL 32241 US

Title: MGRM () Delete
Name: LEE, JAMES H
Address: P.O. BOX 58118
City-St-Zip: JACKSONVILLE, FL 32241 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEE, PEGGY C
Address: 1161 CARMONA PLACE
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: MGRM (X) Change () Addition
Name: LEE, JAMES H
Address: 1161 CARMONA PLACE
City-St-Zip: ST. AUGUSTINE, FL 32092 US

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: PEGGY C LEE

MGRM

03/27/2008

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