2005 LIMITED LIABILITY COMPANY

	AITHOAL	LI VIII (AII)		Δυσ 02 2005 X·00 am
DOCUMENT # L04000061088 1. Entity Name				— Aug 02, 2005 8:00 am Secretary of State
CHARLE	S KOCH LLC			08-02-2005 90005 012 ****55.00
Principal Place of Business		Mailing Address	AMERICAN COMPANY	
3943 ROSWELL DR. TALLAHASSEE FL 32310		3943 ROSWELL DR. TALLAHASSEE FL 32310		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/04)
City & State		City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	5. Cértificate of Status Desired \$5.00 Additional. Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
KOCH, CHARLES 3943 ROSWELL DR. TALLAHASSEE FL 32310				ess (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
8. The above the obligation SIGNATURE	tions of registered agent; Chalis La		registered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and accept 7/25/05 DATE
		Make Check Payab	OW!!! FEE IS \$50. le to Florida Depart B By May 1, 2005	
9.	MANAGING MEMB	RS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME	MGRM KOCH, CHARLES	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	
TITLE	TALLATIAGGLE I E 323 IU	☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS	., .		NAME STREET ADDRESS	
TITLE		□ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition
NAME :			NAME	
STREET ADDRESS CITY-ST-ZIP		-	STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Defete	TITLE	☐ Change ☐ Addition
NAME CIDEET ADDRESS			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
1 20.00	İ		E THE ET HE DONE ON	

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.

CITY-ST-ZIP

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

CITY - ST- ZIP