2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 20, 2005 8:00 am Secretary of State DOCUMENT # L04000068580 1. Entity Name 04-20-2005 90040 048 ****50.00 VARNER BUILT, LLC Principal Place of Business Mailing Address 4725 NW 36TH PLACE 4725 NW 36TH PLACE GAINESVILLE FL 32606 GAINESVILLE FL 32606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) 4. FEI Number 20-1640560 City & State City & State Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VARNER, MATTHEW C 4725 NW 36TH PLACE Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE FL 32606 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005, MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 TITLE **MGRM** ☐ Delete ☐ Change ☐ Addition NAME VARNER, MATTHEW C NAME STREET ADDRESS 4725 NW 36TH PLACE STREET ADDRESS CITY-ST-7IP CITY-ST-7IP GAINESVILLE FL 32606 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this fiting 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 AND TYPED OR PRINTED N AME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY+ST-ZIP

FILED