2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 22, 2008 8:00 am Secretary of State **DOCUMENT # L04000068803** 04-22-2008 90098 026 ***138.75 MIKENDA PARTNERS, LLC Principal Place of Business Mailing Address UTTOAUUU 117 SW US 221 PO BOX 87 GREENVILLE, FL 32331 GREENVILLE, FL 32331-0087 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-1705773 Not Applicable Zip Country Zip 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 GRAHAM, BRENDA Street Address (P.O. Box Number is Not Acceptable) 117 SW US 221 GREENVILLE, FL 32331 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 egent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR TITLE ☐ Delete TITLE ☐ Change - ☐ Addition GRAHAM, BRENDA NAME NALE STREET ADDRESS 117 SW US 221 STREET ADDRESS CITY-ST-ZIP GREENVILLE, FL 32331 CITY-ST-ZIP TIFLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP IME ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7/P 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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.

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