2008 LIMITED LIABILITY COMPANY

Mar 13, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L04000070415 03-13-2008 90271 035 ***138.75 1. Entity Name BUNKHOUSE, LLC Principal Place of Business 00014590 Mailing Address 5903-1 SOLOMON RD. 5903-1 SOLOMON RD. JACKSONVILLE, FL 32234 JACKSONVILLE, FL 32234 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02142008 CR2E083 (12/06) Chg-LLC 4. FEI Number City & State City & State Applied For 20-1697546 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -- - -6. Name and Address of Current Registered Agent Griffin Michael GRIFFIN, MICHAEL F Street Address (P.O. Box Number is Not Acceptable) 14770 NORMANDY BOULEVARD JACKSONVILLE, FL 32234 5903-1 Solomon 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE TITLE MGR 🔀 Change Addition Delete Griffin Michael F GRIFFIN, MICHAEL F NAME NAME 5903-1 Solomon Rd STREET ADDRESS 14770 NORMANDY BOULEVARD STREET ADDRESS JACKSONVILLE, FL 32234 CITY-ST-ZIP CITY-ST-ZIP Tacksonville ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

11. I hereby certify that the information supplied with this filing 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 it made under path; that I am a managing member or manager of the limited liability compliny of the receiver or trustee empowered to execute this report as required by Chapter 608, Fig. 2 Statutes.

NAME

STREET ADDRESS

NAME

STREET ADDRESS

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED