2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 19, 2007 08:00 Al Secretary of State DOCUMENT # L04000072385 1. Entity Name **BIRK FAMILY, LLC** Principal Place of Business Mailing Address 3909 LITHIA RIDGE BLVD. 3909 LITHIA RIDGE BLVD. VALRICO, FL 33594 VALRICO, FL 33594 03112007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent BIRK, RONALD F DO NOT WRITE 5909 LITHIA RIDGE BLVD VALRICO, FL 33594 IN THIS SPACE 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and trile if applicable (NOTE: Registered Agent argument required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS TITLE NAME BIRK, RONALD F STREET ADDRESS 3909 LITHIA RIDGE BLVD CITY-ST-ZIP VALRICO, FL 33594 TITLE NAME BIRK, DENISE E STREET ADDRESS 3909 LITHIA RIDGE ROAD CITY-ST-ZIP VALRICO, FL 33594 TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP U000000718030 TITLE 05/01/07-80005-022 50.00 NAME STREET ADORESS

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 true empowered to execute this report as required by Chapter 608, Florida Statutes.

4/16/2007

FILED