2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED DOCUMENT # L04000078296 07 APR 26 PM 5: 02 T'S HONEY LLC SECRETARY OF STATE ALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 8011 SMITH CREEK RD 8011 SMITH CREEK RD TALLAHASSEE, FL 32310 TALLAHASSEE, FL 32310 BK2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 Chg-LLC CR2E083 (12/06) 186-1124264 City & State City & State Applied For Not Applicable Zip Country Country Zip \$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 THURSBY, GERALD V Street Address (P.O. Box Number is Not Acceptable) 8011 SMITH CREEK RD TALLAHASSEE, FL 32310 City Zip Code FL 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 SIGNATURE Synature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to BK Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10 ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE Change ☐ Addition THURSBY, GERALD NAME **400101704764** 05/07/07--01022--013 **50.00 STREET ADDRESS 8011 SMITH CREEK RD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32310 CITY-ST-ZIP TITLE ☐ 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITEF 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-ZIP CITY-ST-ZIP 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #