## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 11, 2008 08:00 A Secretary of State

| ANNUAL REPORT   |   |   |                               | Secretary of S   |  |
|---|---|---|-------------------------------|--|--|
| DOCU<br>1. Entity Nar<br>3 BS, LL   |   | <b>‡</b> 100  |                               | Se   | cretary of S   |
| 301 PLEAS   | ce of Business<br>ANT REST ROAD<br>IKA, FL 32465            | Mailing Address<br>P.O. BOX 232<br>PORT ST, JOE, FL 32457 |                               |  | * 41/4 11/11/15/11 11/14 16/41/11/11/15/11                 |
| DO NOT WRITE IN THIS SPA  |   |   | CE                            | 01162008No Chg-LLC (   | CR2E083 (12/07)  |
|   | · ·   |   |                               | FEI Number     NOT APPLICABLE      Certificate of Status Desired | Applied For Not Applicable  \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent WARD, BRENDA L 301 PLEASANT REST ROAD WEWAHITCHKA, FL 32465   |   |   | DO NOT WRITE<br>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 Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and bits 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 |   |   |                               |  |  |
| 9.  | MANAGING MEMBE  | -RS/MANAGERS  | I                             | <u>-</u>   |  |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE   | MGR MONICA STONE LLC 804 16TH STREET PORT ST. JOE, FL 32456 | 10) WARRACE O   |                               | U00000824<br>02/20/08-800  | 257<br>171-005 138.75                                      |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   |   |   |                               | DO NOT WRI   |  |

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: Prenda L. Ward

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

1-17-08

850 648 8668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytima Phone ∉