*~~~ 2008 LIMITED LIABILITY COMPANY

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED ANNUAL REPORT Mar 05, 2008 08:00 A DOCUMENT # L04000086887 **Secretary of State** 1. Entity Name COLEMAN ENTERPRISE, LLC Principal Place of Business Mailing Address 876 SWEETWATER ISLAND CIRCLE **876 SWEETWATER ISLAND CIRCLE** LONGWOOD, FL 32779 LONGWOOD, FL 32779 03022008 No Chg-LLC CR2E083 (12/07) DO NOT ASSITE IN THIS SPACE 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable \$5,00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent JURGENS, J.A. ESQ. Mary State Control J.A. JURGENS, P.A. 505 WEKIVA SPRINGS ROAD, SUITE #500 LONGWOOD, FL 32779 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 title if applicable. (NOTE: Registered Agent aigneture required when rematating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS TITLE MGR 000000848246-03/20/08-80009-020 138.75 NAME CHILTON, PENNY STREET ADDRESS 876 SWEETWATER ISLAND CIRCLE CITY-ST-ZIP LONGWOOD, FL 32779 TITLE MGRM NAME COLEMAN, JEAN ANN STREET ADDRESS. 1708 GARDINER LANE CITY-ST-ZIP LOUISVILLE, KY 40205 TITLE STREET ADDRESS CITY-ST-ZIP EN TOME SPACE TITLE NAME STREET ADDRESS

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.