2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 14, 2008 8:00 am Secretary of State **DOCUMENT # L04000088683** 05-14-2008 90080 021 ***138.75 1. Entity Name SPRING HILL GAS, LLC Principal Place of Business Mailing Address **60041080** 1301 BEVILLE ROAD 1301 BEVILLE ROAD UNIT 7 UNIT 7 DAYTONA, FL 32119 DAYTONA, FL 32119 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1898 S Clyde Morris Blvd 1898 S Clyde Morris Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. 04112008 Chg-LLC CR2E083 (12/06) Suite 500 Suite 500 City & State City & State 4 FEI Number Applied For Daytona Beach, FL Daytona Beach, FL 34-2027411 Not Applicable Country Volusia Country Zip 32119 \$5.00 Additional 5. Certificate of Status Desired Volusia Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMENDOLAGINE, MARILYN Street Address (P.O. Box Number is Not Acceptable) 1301 BEVILLE ROAD UNIT 7 DAYTONA, FL 32119 1898 S Clyde Morris Blvd Suite 500 Zip Code <u>Davtona Reach</u> 32119 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. FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM **Change** TITLE ☐ Addition Delete TITLE MGRM AMENDOLAGINE, MARILYN NAME NAME Amendolagine, Marilyn 1301 BEVILLE: ROAD UNIT 7 1898 S Clyde Morris Blvd Suite 500 STREET ADDRESS STREET ADDRESS Daytona Beach, FL 32119 CITY-ST-ZIP DAYTONA, FL 32119 CITY-ST-ZIP MGRM **Change** ☐ Delete TITLE TITLE ☐ Addition AMENDOLAGINE, MICHAEL A NAME Amendolagine, Michael NAME 1898 S Clyde Morris Blvd Suite 500 1301 BEVILLE ROAD UNIT 7 STREET ADDRESS STREET ADDRESS Daytona Beach, FL 32119 CITY-ST-ZIP DAYTONA, FL 32119 CITY-ST-ZIP TITLE TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITE F 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-7IE 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 ampowered to execute this report as required by Chapter 608, Florida Statutes.

FILED