2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

| DOCUMENT # L04000090514 1. Entity Name TANNER LLC | | | | | 04-28-2008 90060 033 ***138.75 | | | |
|---|---|-------------------------------------|-------------|--|---|---|--------------------------|-------------------|
| Principal Place of Business Mailing Address 1647 HYDE PARK STREET SARASOTA, FL 34237 SARASOTA, FL 34237 SARASOTA, FL 34237 | | | | | | ~~ - | | |
| 2. Principal P | 3. Mailing Address | ng Address | | | | | | |
| 2101 47 th Street Sarasota, FL 34234 | | 2101 47th Street Sarasota, FL 34234 | | 04172008 4. FEI Numb | | ⊢ | plied For | |
| | | Sarasola, FL 34234 | | 34-2027866 5. Certificate of Status Desired \$5 | | \$5.00 Add | t Applicable litional | |
| | 6. Name and Address of Current B | Pagistared Agent | | | | | Fee Required | d |
| Name and Address of Current Registered Agent Name | | | | | 7. Name and Address of New Registered Agent | | | |
| TANNER, ANDREW 1647 HYDE PARK STREET | | | | Str | | ceptable | 3) | |
| SARASOT | A, FL 34237 | | | 210 | 1 47th Stree | | | |
| 1 | | | | Cii Sara | rasota, FL 34234 —— | | FL Zip Code | 9 |
| 8. The above named entity commits 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 little 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 | | | | | 1 | e check payable to a Department of State | e (| |
| 9. | MANAGING MEMBER | IS/MANAGERS | 10. | | | 4UU≀TIUN¢ | /CHANGES | |
| TITLÉ NAME | MGRM TANNER, ANDREW | ☐ Delete | TITLE | | 2101 47th Street | | ☐ Change | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | 1647 HYDE PARK STREET SIE SARASOTA, FL 34237 CIT | | | ET ADDRESS - ST- ZIP | Sarasota, FL 34234 | | | |
| TITLE NAME | MGRM Delete TITL LAUGHLIN TANNER, NATALIE NAM | | | | _ · _ | | | Addilion |
| STREET ADDRESS | 1647 HYDE PARK STREET | | STRE | ET ADDRESS | 2101 47th Street Sarasota, FL 34234 | | | |
| CITY-ST-ZIP | SARASOTA, FL 34237 | | | -ST-ZIP | | | Change | ☐ Addition |
| NAME | | C Delete | NAM | E | | | Orango | |
| STREET ADDRESS CITY-ST-ZIP | - | | | ET ADDRESS - ST-ZIP | | | | İ |
| TITLE | | ☐ Delete | TITLE | | | | ☐ Change | ☐ Addilion |
| NAME STREET ADDRESS | | | NAM STRE | E ET ADDRESS | | | | |
| CITY-ST-ZIP | | | | -ST-ZIP | | | | |
| title Name | | ☐ Delete | TITLE | | | | ☐ Change | Addition Addition |
| STREET ADDRESS | | | STRE | ET ADDRESS | | | | |
| CITY-ST-ZIP TITLE | | Delete | TITLE | -ST-ZIP | | | ☐ Change | ☐ Addition |
| NAME | | C Oticle | NAM | E | | | stangs | |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADORESS - ST-ZIP | | | | |
| 11. I hereby certify that the information applied 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 acturate and that my signature shall have the same legal effect as if made under path; that I am a managing member or manager of the | | | | | | | | |
| indicated on this report is true and acqurate 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 settliver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | | | | |
| SIGNATURE: | | | | | | | | |
| SIGNATURE:SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone # | | | | | | | | |