2007 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Jan 24, 2007 08:00 A DOCUMENT # L05000003998 **Secretary of State** PET MEMORIAL GARDENS CEMETERY, LLC Principal Place of Business Mailing Address 12969 OLD ST AUGUSTINE ROAD 12969 OLD ST AUGUSTINE ROAD JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32258 01082007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-4167498 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TACKETT, RICHARD C DO NOT WRITE 12969 OLD ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258 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 edstered agen the obligations of **SIGNATURE** Signature, registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 9, MANAGING MEMBERS/MANAGERS MGR TITLE TACKETT, RICHARD C NAME U000000600588 STREET ADDRESS 12969 OLD, ST, AUGUSTINE ROAD 01/26/07-80015-012 50.00 CITY-ST-ZIP JACKSONVILLE, FL 32258 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filling 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 cath; 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:

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

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