2008 LIMITED LIABILITY.COMPANY

FILED ANNUAL REPORT Feb 14, 2008 08:00 AM Secretary of State DOCUMENT # L05000005041 1. Entity Name DUNAVANT GULF, LLC Principal Place of Business Mailing Address 3797 NEW GETWELL ROAD 3797 NEW GETWELL ROAD MEMPHIS, TN 38118 MEMPHIS, TN 38118 01302008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COVELL, SCOTT M DO NOT WRITE 34990 EMERALD COAST PARKWAY STE 301 DESTIN, FL 32541 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 title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS TITLE MGRM HAGERMAN, WILLIAM O NAME STREET ADDRESS 3797 NEW GETWELL ROAD CITY-ST-ZIP MEMPHIS, TN 38118 TITLE 000000827737 02/22/08-80002-012 138.75 NAME 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 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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trystee impowered to execute this report as required by Chapter 608, Florida Statutes.

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

GNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

901)369-1500