2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

FILED Feb 08, 2007 08:00 All Secretary of State DOCUMENT # L05000330620 1. Entity Namo RAYMOND NICHOLS, LLC Principal Place of Business Mailing Address 1407 RUPP LANE 1407 RUPP LANE LAKE WORTH FL 33460 LAKE WORTH FL 33460 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt #, etc 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 20-2555223 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _Name_ NICHOLS, ROBERT B SR. Street Address (P.O. Box Number is Not Acceptable) 1407 RUPP LANE LAKE WORTH FL 33460 Zip Code 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 rogistered 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 \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ☐ Change TITLE HDF ☐ Addition MGR Delete NAME. NAME NICHOLS, ROBERT B SR. U000000627774 STREET ADDRESS STREET ADDRESS 02/15/07-80076-009 50.00 1407 RUPP LANE CITY - ST - ZIP CITY-ST-ZIP LAKE WORTH FL 33460 TITLE ☐ Delete ☐ Change Addition TITLE MGR NAME NAME NICHOLS, MARK STREET ADDRESS STREET ADDRESS 1407 RUPP LANE CHY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33460 Addition ☐ Defete MGR NAME RAYMOND, RICHARD M STREET ADDRESS STREET ADDRESS 13428 87TH STREET NORTH CITY-ST-ZIP CITY-SI-ZIP WEST PALM BEACH FL 33412 Change ☐ Addition IIILE ☐ Delele NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TIME Delete ШŒ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trisking employered to execute this report as required by Chapter 608, Florida Statutes.

Date

Daytime Phone #

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