2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 03, 2008 08:00 A **DOCUMENT # L05000030620** Secretary of State RAYMOND NICHOLS, LLC Principal Place of Business Mailing Address 1407 RUPP LANE 1407 RUPP LANE LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 02062008 No Cha-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2555223 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NICHOLS, ROBERT B SR. DO NOT WRITE 1407 RUPP LANE LAKE WORTH, FL 33460 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. DATE 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 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NICHOLS, ROBERT B SR. NAME STREET ADDRESS 1407 RUPP LANE CITY-ST-ZIP LAKE WORTH, FL 33460 TITLE MGR NICHOLS, MARK NAME U00000844607 1407 RUPP LANE STREET ADDRESS 03/13/08-80005-023 138.75 CITY-ST-ZIP LAKE WORTH, FL 33460 MGR TITLE RAYMOND, RICHARD M NAME STREET ADDRESS 13428 87TH STREET NORTH DO NOT WRITE CITY-ST-ZIP WEST PALM BEACH, FL 33412 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this thing took 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 eath; that I am a managing member or manager of the limited liability company or the receiver or trustee improvered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X

CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME IC MEMBER, OR AUTHORIZED REPRESENTATIVE

261-632-972