2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING

FILED Jan 29, 2007 08:00 AM DOCUMENT # L05000031098 1. Entity Name **Secretary of State** AGNES, L.L.C. Frincipal Place of Business Mailing Address 3437 S.W. 24TH AVENUE 3437 S.W. 24TH AVENUE GAINESVILLE FL 32607 GAINESVILLE FL 32607 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, otc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Numbor 24-2344251 Not Applical: Zin Country 7in Country \$5.00 Additional 5. Certificate of Status Desirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLDEN, CHARLES L JR Street Address (P.O. Box Number is Not Acceptable) 2772 N.W. 43RD STREET **GAINESVILLE FL 32606** City 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 access the obligations of registered agent SIGNATURE Supraisure, typod or printed name of registered agent and life if applicable (NOTE, Registered Agent signalists required whon reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9, 10. ADDITIONS/CHANGES [1]]] Delete 11111 ☐ Change Ariation NAME HOLDEN, CHARLES I JR NAMI Unnnone08288 STREET ADDRESS 2772 NW 43RD ST. STREET ADDRESS U2/01/07-80005-002 50.00 CITY ST 7IP GAINESVILLE FL 32606 CHY-ST 7P ILLE ☐ Defete 11111 ☐ Change Addition NAM NAME SHIFT ADDRESS SHILL LADDRESS ONY SI AND CITY-SI /IP 11116 ☐ Defete HILE Change Asirina NAM NAME SHIELL ADDRESS STREET ADDRESS Gir - \$7 - 77 LITY ST TI HHI Delete ☐ Change ☐ Aili∷ 11111 NAME STREET ADDRESS STREET ADDRESS city St 7th CITY-ST ZIP ☐ Delete mr ☐ Change Aciditi NAME NAM SHILL LADDRESS STRUCT ADDRESS CITY SI ZIP CITY-ST-7IP ☐ Addison Deleie 11111 ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY ST ZP 11. I hereby certify that the information supplied with this filling 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 shell 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 empowered to execute this report as required by Chapter 608. Florida Statutes.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE