2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# L05000037960

Entity Name: PILLAR, LLC

Current Principal Place of Business:

12633 SHOAL CREEK LANE NORTH
JACKSONVILLE, FL 32225

New Principal Place of Business:

13055 ISLEWORTH RIDGE CT.
JACKSONVILLE, FL 32225

Current Mailing Address:

12633 SHOAL CREEK LANE NORTH
JACKSONVILLE, FL 32225

New Mailing Address:

13055 ISLEWORTH RIDGE CT.
JACKSONVILLE, FL 32225

FEI Number: 59-3829142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOATRIGHT, SCOTT R ESQ.
6101 GAZEBO PARK PLACE NORTH
SUITE 103
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GRIFFITH, MICHAEL S
Address: 12633 SHOAL CREEK LANE NORTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR ( ) Delete
Name: DOWNING, JOHN MARK
Address: 7919 VINEYARD LAKE ROAD N.
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GRIFFITH, MICHAEL S
Address: 13055 ISLESWORTH RIDGE CT.
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; 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: MICHAEL SHAWN GRIFFITH MR. 04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date