2008 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 02, 2008 08:00 AN Secretary of State DOCUMENT # L05000042236 1. Entity Name 1322 MAHAN LLC Principal Place of Business Mailing Address 45 WEST BAY STREET, SUITE 203 45 WEST BAY STREET, SUITE 203 JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 01042008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 20-2894379 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 文 人名英格兰斯 医克勒氏 经基础的 Fee Required DO NOT WRITE 6. Name and Address of Current Registered Agent GRUNTHAL, LEONARD H III 45 WEST BAY ST **SUITE 203** IN THIS SPACE JACKSONVILLE, FL 32202 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) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME SCHUETH, WILLIAM F JR STREET ADDRESS 45 WEST BAY ST SUITE 203 CITY-ST-ZIP JACKSONVILLE, FL 32202 TITLE GRUNTHAL, LEONARD H III NAME 45 WEST BAY ST SUITE 203 STREET ADDRESS JACKSONVILLE, FL 32202 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE IN THIS SPACE CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. Thereby 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 if made under oath; that I am a managing member or manager of the limited hability company or the receiver or turblee employeded to execute this report as required by Chapter 608. Florida Statutes.

Leonard H. Grunthal II SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

904-356-1000