2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# L05000042522

Entity Name: THE PUB COMPANY, LLC

Current Principal Place of Business:

2 INDEPENDENT DRIVE
UNIT #139
JACKSONVILLE, FL 32202

New Principal Place of Business:

2 INDEPENDENT DRIVE
UNIT #139
JACKSONVILLE, FL 32202 US

Current Mailing Address:

2 INDEPENDENT DRIVE
UNIT#139
JACKSONVILLE, FL 32202

New Mailing Address:

2 INDEPENDENT DRIVE
UNIT#139
JACKSONVILLE, FL 32202 US

FEI Number: 20-2790029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JAMES A. NOLAN, P.A.
4114 HERSCHEL STREET, #105
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

JAMES A. NOLAN, P.A.
4114 HERSCHEL STREET
SUITE 105
JACKSONVILLE, FL 32210 US

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: _____ 05/02/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: QUINN, PAUL C
Address: 2 INDEPENDENT DRIVE, UNIT #139
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: QUINN, PAUL C
Address: 2 INDEPENDENT DRIVE, UNIT #139
City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby certify that the information supplied with this filing does not qualify 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: PAUL C. QUINN MGRM 05/02/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date