2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 10, 2008 8:00 am Secretary of State

| DOCUMENT # L05000047588 1. Entity Name SLG HOLZ, LLC | | | | | 04-10-20 | 08 90132 032 *** | 138.75 | |
|---|---|--|--|--|---------------------------|--|-------------------------------------|--|
| Principal Place of Business Mailing Address | | | | | | • | | |
| 4315 PABLO OAKS COURT Suite 1 | | 4315 PABLO OAKS COURT SUITE 1 | | | • | | | |
| JACKSONVILLE, FL 32224 | | JACKSONVILLE, FL 32224 | | | ABISI BIIN BRIII BBIN BBN | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04072008 | Chg-LLC | CR2E083 (12/06) | | |
| City & State | | City & State | | 4. FEI Numbe 20-284 | | } | plied For t Applicable | |
| Zip | Country | Zip | Country | 5. Certificate | of Status Desired | S5.00 Add Fee Required | | |
| | 6. Name and Address of Current | Registered Agent | Name | 7. Name and | Address of New R | egistered Agent | | |
| HOLZ, F. LOGAN | | | Name | Name | | | | |
| 4315 PABLO OAKS COURT SUITE 1 | | | Street Ac | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| JACKSON | VILLE, FL 32224 | | | | | | | |
| | | | City | FL Zip Code | | | | |
| | named entity submits this statement for tions of registered agent. | or the purpose of changing its | registered office or | registered agent, or bot | h, in the State of Flo | orida. I am familiar with, | and accept | |
| SIGNATURE . | Signature, typed or printed name of registered agent | and title if applicable. (NOT | E: Registered Agent signalu | re required when reinstating) | | DATE | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | | | | | | |
| | | 5 | | | | e check payable to Department of State | • | |
| After May | y 1, 2008 Fee will be \$538.79 | ERS/MANAGERS | 10. | | | Department of State | ·. · | |
| After May | MANAGING MEMBE | | 10. TITLE NAME | | Florida | Department of State | Addition | |
| After May 9. IIILE | y 1, 2008 Fee will be \$538.79 | RS/MANAGERS Delete | TITLE | | Florida | Department of State | ·. · | |
| 9. IITLE NAME STREET ADDRESS | MANAGING MEMBER PCEO HOLZ, F. LOGAN 4315 PABLO OAKS COURT, SU JACKSONVILLE, FL 32224 CHMN | RS/MANAGERS Delete | TITLE NAME STREET ADDRESS | | Florida | Department of State | ·. · | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MANAGING MEMBER PCEO HOLZ, F. LOGAN 4315 PABLO OAKS COURT, SL JACKSONVILLE, FL 32224 CHMN STOKES, E. CHESTER JR | RS/MANAGÉRS Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME | | Florida | CHANGES Change | Addition | |
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1. Thereby certay that the information supplied with his limit does not quality to the exemptions contained in Chapter 119, Pointa Statutes. Hottle limited 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE SIGNATURE AND TIMED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Double Phone &