


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90064 005 ***138.75

DOCUMENT # L05000048892	
1. Entity Name ORGANIZED LIVING LLC	


Principal Place of Business 2812 BRIARCLIFF RD PANAMA CITY, FL 32405	Mailing Address 2812 BRIARCLIFF RD PANAMA CITY, FL 32405
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2. Principal Place of Business - No P.O. Box # 2812 BRIARCLIFF RD	3. Mailing Address 2812 BRIARCLIFF RD
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Suite, Apt. #, etc. 2812 BRIARCLIFF RD	Suite, Apt. #, etc. 2812 BRIARCLIFF RD
City & State PANAMA CITY FL	City & State PANAMA CITY FL
Zip 32405	Zip 32405
Country U.S.A	Country USA

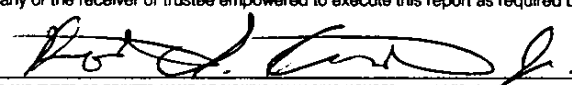
6. Name and Address of Current Registered Agent AGENTS AND CORPORATIONS, INC. 300 FIFTH AVENUE SOUTH SUITE 101-330 NAPLES, FL 34102	
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7. Name and Address of New Registered Agent Name CHRISTY L. COULTHARD Street Address (P.O. Box Number is Not Acceptable) 469 W 23 RD City PANAMA CITY FL Zip Code 32405	
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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  DATE 2/14/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COULTHARD, ROBERT S JR. 2812 BRIARCLIFF RD PANAMA CITY, FL 32405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COULTHARD, CHRISTY L 2812 BRIARCLIFF RD. PANAMA CITY, FL 32405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COULTHARD, CLAYTON 2812 BRIARCLIFF RD. PANAMA CITY, FL 32405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. I hereby 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:  DATE 2/14/08 850-896-1095 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	
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02142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4452268	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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