May 01 07 03:06p Merle Norman

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May 03, 2007 8:00 am
Secretary of State
04-16-2007 90351 004 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000085915

1. Entity Name
RANEA FAWLEY LLC

30000b61

03272007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
45 W TOWN PLACE SAINT AUGUSTINE, FL 32092 US	1532 BARRINGTON CR SAINT AUGUSTINE, FL 32092 US

Should be 425 W. Town Place Ste # 120

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
425 West Town Place	
Suite, Apt #, etc.: Ste # 120	Suite, Apt. #, etc.
City & State: St. Augustine, FL.	City & State
Zip: 32092 Country: USA	Zip Country

4. FEI Number: 20-3391660 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TILLEY & CALLAHAN PA CPAS ← Old Accountant 4465 BAYMEADOWS ROAD SUITE 3 JACKSONVILLE, FL 32217 New Accont →	Name: Gerald R. Roach, MBA-EA Street Address (P.O. Box Number Is Not Acceptable): 300 West Adams Street. Ste # 650 City: Jacksonville FL Zip Code 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: GERALD R. ROACH Gerald R Roach 5/1/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

RJ ✓# 1216

Filing Fee is $50.00 Due by May 1, 2007

✓ **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FAWLEY, RANEA M 1532 BARRINGTON CR SAINT AUGUSTINE, FL 32092	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Ranea Fawley 4/13/7 (904)940-0277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #