2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088452

Entity Name: TIER ONE LLC

Address:

City-St-Zip:

LYNN HAVEN, FL 32444

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 460 TURKEY CREEK ALACHUA, FL 32615 **Current Mailing Address: New Mailing Address:** 460 TURKEY CREEK ALACHUA, FL 32615 FEI Number: 20-3433656 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WALLACE, JOHN A 460 TURKÉY CREEK US ALACHUA, FL 32615 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete WALLACE, JOHN A Name: Name: Address: 460 TURKEY CREEK Address: City-St-Zip: ALACHUA, FL 32615 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DOOLITTLE, GUERRY B Name: Name: Address: 8538 SW 14TH LANE Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BROOKS, JERRY R Name: Name: 160 DERBY WOODS DRIVE

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.

Address:

City-St-Zip:

SIGNATURE: JOHN A. WALLACE **MGRM** 03/20/2009