2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (ÂR)

SIGNATURE:

Aug 02, 2007 8:00 am Secretary of State **DOCUMENT # L05000092468** 04-03-2007 90122 003 ****50 00 1. Entity Name ANEW DEVELOPMENT, LLC Principal Place of Business Mailing Address 1337 TWIN PEAK LANE TALLAHASSEE FL 32317 30012011 1337 TWIN PEAK LANE TALLAHASSEE FL 32317 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For **NO-T APPLICABLE** Not Applicable Zφ Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REDDICK, SAMUEL G 1337 TWIN PEAK LANE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32317 City Zip Code 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 agont. SIGNATURE (NOTE Recipieron Agent agent FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9 ☐ Delete ORE ☐ Change ☐ Addition and MGR MALK REDDDICK, SAMUEL G STREET ADDRESS STRUCT ADDRESS 1337 TWIN PEAK LANE CITY SI-ZIP CHY SI-7IP TALLAHASSEE FL 32317 tili! ☐ Delete 11111 □ Change Andition NAME NAME SHILL FADDRESS STREET ADORESS CHY SI ZIP CHY-SE-7P ROL ☐ Delete ma ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CHY ST ZIP CITY - ST- AF Delete HDT T Change ■ Addition NAMI NAMI STREET ADDRESS SIRECT ADDRESS CITY ST-ZIP CHY-SI-ZIP ☐ Delete HRE ☐ Chango ☐ Addition DILE NAME NAME SIDE CLADORESS SPACET ADDRESS CHY-ST-ZIP COY-SI-ZIP Change Delete 1010 ■ Addition PDC NAME STREET ADDRESS STREET ADDRESS CITY SI-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, 1 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 each; 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

MATURE AND TYPED OR PRINTED NAME OF SLOWING MANAGING MEMBER, MANAGER, OR AUTHORIZED REFREBENTA INE

FILED