


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 13, 2008 8:00
Secretary of State

05-13-2008 90066 002 ***138.75

DOCUMENT # L05000096811		
1. Entity Name BOONE/CAREY, LLC		

Principal Place of Business 225 E LEMON STREET SUITE 351 LAKELAND, FL 33801	Mailing Address PO BOX 2808 LAKELAND, FL 33806-2808
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2. Principal Place of Business - No P.O. Box # 336 W. HIGHLAND DRIVE	3. Mailing Address 336 W. HIGHLAND DRIVE
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Suite, Apt. #, etc. SUITE 4	Suite, Apt. #, etc. SUITE 4
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City & State LAKELAND, FLORIDA	City & State LAKELAND, FLORIDA
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Zip 33813	Country POLK	Zip 33813	Country POLK
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03262008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3597605	Apply Not Ap
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Addition Fee Required
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6. Name and Address of Current Registered Agent

WENDEL, JOHN F
225 E LEMON STREET
SUITE 351
LAKELAND, FL 33801

7. Name and Address of New Registered Agent

Name
WENDEL, JOHN F.
Street Address (P.O. Box Number is Not Acceptable)
336 W. HIGHLAND DRIVE
SUITE 4
City
LAKELAND FL Zip Code
33813

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 the obligations of registered agent.

SIGNATURE *John F. Wendel* DATE *4/22/08*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 WENDEL, JOHN F PO BOX 2808 LAKELAND, FL 33806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WENDEL, STEPHEN F PO BOX 2808 LAKELAND, FL 33806	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WENDEL, JOHN F. 336 W. HIGHLAND DRIVE LAKELAND, FLORIDA 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WENDEL, STEPHEN F. 336 W. HIGHLAND DRIVE LAKELAND, FLORIDA 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *John F. Wendel* DATE *4/22/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE