2008 LIMITED LIABILITY COMPANY

Apr 17, 2008 08:00 A Secretary of State ANNUAL REPORT **DOCUMENT # L05000097672** 1. Entity Name POPE MANAGEMENT, LLC Principal Place of Business Mailing Address P.O. BOX 697 P.O. BOX 697 PAHOKEE, FL 33476 PAHOKEE, FL 33476 03172008 No Cha-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3590554 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NOWICKI, MARK J DO NOT WRITE 480 MAPLEWOOD DRIVE, SUITE 2 IN THIS SPACE JUPITER, FL 33458-5845 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 fand accept "the obligations of registered agent. SIGNATURE. 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 U000000903737 MANAGING MEMBERS/MANAGERS 9. TITLE MGR POPE, WALTER NAME STREET ADDRESS P.O. BOX 697 CITY-ST-ZIP PAHOKEE, FL 33476 NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP NAME

11. Thereby certify that the information supplied with this filling 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: 🗻

STREET ADDRESS CITY-SE-ZIP

NAME STREET AODRESS CITY-ST-ZIP "

FILED