2007 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Jan 12, 2007 08:00 AM DOCUMENT # L05000101299 **Secretary of State** 1. Entity Name **MEADOWS LLC** Principal Place of Business Mailing Address 353 SW HUGH LOOP P. O. BOX 66 FORT WHITE, FL 32038 FORT WHITE, FL 32038 01052007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3703265 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent GLENN, JOEL DO NOT WRITE 353 SW HUGH LOOP FORT WHITE, FL 32038 IN THIS SPACE 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 Signature, typed or printed name of registered agent and side if applicable, (NOTE, Registered Agent signature required when reinstating) DÁTE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM IIILE NAME GLENN, DEWEY STREET ADDRESS PO BOX 66 CRTY-ST-ZIP FORT WHITE, FL 32038 HILE NAME GLENN, JOEL STREET ADDRESS 367 SW KAYLA COURT U00000584799 01/12/07-80052-020 50.00 FORT WHITE, FL 32038 MGRM NAME GLENN, JUDY STREET ADDRESS 367 SW KAYLA COURT DO NOT WRITE CITY-ST-ZIP FORT WHITE, FL 32038 TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions confained 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-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING HEMBER, OR AUTHORIZED REPRESENTATIVE