2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2008 08:00 AN Secretary of State **DOCUMENT # L05000105140** LEGÉNDARY GRADING, LLC Principal Place of Business Mailing Address 4135 S.E. 52ND COURT 4135 S.E. 52ND COURT OCALA, FL 34480 US OCALA, FL 34480 02192008No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3692494 Not Applicable \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent BROWN, RANDY R DO NOT WRITE 4135 S.E. 52ND COURT-OCALA, FL 34480 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE BROWN, RANDY R NAME STREET ADDRESS 4135 S.E. 52ND COURT CITY-ST-ZIP OCALA, FL 34480 05/23/08-80092-013 138.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

11. I hereby 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 AND TYPED OR PRINTED NAME OF GNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLÉ NAME STREET ADDRESS CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP