2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000105157

Entity Name: ANSALON LLC

FILED Dec 17, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9017 ADAMO DRIVE SUITE 107 & 108 TAMPA, FL 33619

Current Mailing Address: New Mailing Address:

4606 LIGHTERWOOD WAY 4716 TAMPA DOWNS BLVD

VALRICO, FL 33594 LUTZ, FL 33559

FEI Number: 20-3720025 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FARMER, KRISTOFFER J TURNER, SAMUEL W 4716 TAMPA DOWNS BLVD 4606 LIGHTERWOOD WAY VALRICO, FL 33594 LUTZ, FL 33559

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.

SIGNATURE: SAMUEL W. TURNER 12/17/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGR () Delete FARMER, KRISTOFFER J Name:

Address: 4606 LIGHTERWOOD WAY

City-St-Zip: VALRICO, FL 33594

Title: MGRM (X) Delete Name: FARMER, SANDY D

Address: 238 MYSTIC FALLS DR City-St-Zip: APOLLO BEACH, FL 33572

ADDITIONS/CHANGES:

Title: (X) Change () Addition

TURNER, SAMUEL W Name: Address: 4716 TAMPA DOWNS BLVD

LUTZ, FL 33559

City-St-Zip:

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SAMUEL W. TURNER 12/17/2007