2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jan 10, 2008 08:00 AN Secretary of State DOCUMENT # L05000110235 1. Entity Name MUNROE SERVICES LLC Principal Place of Business Mailing Address 127 EVERGREEN DR 127 EVERGREEN DR AUBURNDALE, FL 33823 AUBURNDALE, FL 33823 01072008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3788048 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MUNROE, ANGELINA DO NOT WRITE 127 EVERGREEN DR AUBURNDALE, FL 33823 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 title if applicable U00000778823 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 01/11/08-80012-025 143.75 9. MANAGING MEMBERS/MANAGERS MGRM TITLE MUNROE, ANGELINA NAME STREET ADDRESS 127 EVERGREEN DR AUBURNDALE, FL 33823 CITY-ST-ZIP **MGRM** TITLE MUNROE, SCOTT NAME STREET ADDRESS 127 EVERGREEN DR AUBURNDALE, FL 33823 CITY-ST-ZIP TITLE NAME STREET ADDRESS DONOTWRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 the limited liability company or the receiver or thus exemptions.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

FILED