2007 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Jan 17, 2007 08:00 AM **DOCUMENT # L05000116102 Secretary of State** 1. Entity Name JARVIS, LLC Principal Place of Business Mailing Address 5722 W. GROVER CLEVELAND BLVD. 5722 W. GROVER CLEVELAND BLVD. HOMOSASSA, FL 34446 US HOMOSASSA, FL 34446 01152007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3902806 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JARVIS, CHRISTINE DO NOT WRITE 5722 W. GROVER CLEVELAND BLVD. HOMOSASSA, FL 34446 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. (NOTE: Registered Agent signature required when reinstating) U000000589710 Filing Fee Is \$50.00 Due by May 1, 2007 01/18/07-80027-004 50.00 MANAGING MEMBERS/MANAGERS MGRM TITLE JARVIS, CHRISTINE STREET ADDRESS 5722 W. GROVER CLEVELAND BLVD. CITY-ST-ZIP HOMOSASSA, FL 34446 ΤΠὶF NAME STREET ADORESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

TITLE NAME STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS

Laure

7808

Daytime Phone #