2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L05000118533 1. Entity Name 08 JAN 18 PM 3: 20 6428 MALLARD TRACE DR LLC SECRUITATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 8064 RED EAGLE RD 8064 RED EAGLE RD TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-4052256 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IPEK, GRIZEL Street Address (P.O. Box Number is Not Acceptable) 8064 RED EAGLE RD TALLAHASSEE, FL 32312 City Zip Code 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) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM ☐ Delete TITLE ☐ Change Addition TITLE IPEK, GRIZEL NAME 000115874330 01/23/08--01022--015 **13 STREET ADDRESS STREET ADDRESS 8064 RED FAGLE RD CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP MGRM ☐ Delete TITLE ☐ Change Addition TITLE NAME IPEK, OMER NAME 8064 RED EAGLE RD STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32312 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone 4