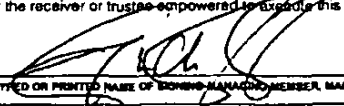


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT.

4/ **FILED**
Jun 04, 2008 8:00 am
Secretary of State

04-24-2008 90016 007 ***138.75

DOCUMENT # L06000002375					
1. Entity Name 1968, LLC					
Principal Place of Business 2020 WEST PENSACOLA STREET SUITE 27 TALLAHASSEE, FL 32304			Mailing Address P.O. BOX 2535 TALLAHASSEE, FL 32316-2535		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR 20-4315334	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent JONES, JOSEPH P 215 SOUTH MONROE STREET, SUITE 400 TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, JOSEPH P 2020 WEST PENSACOLA STREET, SUITE 27 TALLAHASSEE, FL 32304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 2535 Tallahassee, FL 32316	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSEN, PETER S 2020 WEST PENSACOLA STREET, SUITE 27 TALLAHASSEE, FL 32304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 2535 Tallahassee, FL 32316	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOBBS, ROGER 2020 WEST PENSACOLA STREET SUITE 27 TALLAHASSEE, FL 32304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 2535 Tallahassee, FL 32316	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEONI, STEVEN M P.O. BOX 2535 TALLAHASSEE, FL 323162535	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ESCOBAR, JAVIER 7118 BEACH RIDGE TRAIL TALLAHASSEE, FL 32312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 2535 Tallahassee, FL 32316	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAULS, JAMES P.O. BOX 2535 TALLAHASSEE, FL 323162535	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: 			4/17/08 850-580-3131		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

30008663



03062008 Chg-LLC CR2E083 (12/06)