2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L06000011496

Entity Name: ALLSOURCE PROPERTIES, LLC.

Current Principal Place of Business:

2000 FORBES ST.
JACKSONVILLE, FL 32204

New Principal Place of Business:

12963 JULINGTON ROAD
JACKSONVILLE, FL 32258

Current Mailing Address:

2000 FORBES ST.
JACKSONVILLE, FL 32204

New Mailing Address:

12963 JULINGTON ROAD
JACKSONVILLE, FL 32258

FEI Number: 51-0566114 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HICKS, KEVIN A
2000 FORBES STREET
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

HICKS, KEVIN A
12963 JULINGTON ROAD
JACKSONVILLE, FL 32258 US

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: 04/29/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HICKS, KEVIN A
Address: 2000 FORBES ST.
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM ( ) Delete
Name: MURPHY, EMILY B
Address: 2000 FORBES ST.
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HICKS, KEVIN A
Address: 12963 JULINGTON ROAD
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGRM (X) Change ( ) Addition
Name: MURPHY, EMILY B
Address: 12963 JULINGTON ROAD
City-St-Zip: JACKSONVILLE, FL 32258

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: EMILY B MURPHY MGRM 04/29/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date