2007 LIMITED LIA LITY COMPANY ANNUAL REPORT

DOCUMENT # L06000014928

1. Entity Name



FILED Jul 16, 2007 8:00 am Secretary of State 07-16-2007 90040 001 ****50.00

Zip Country Zip Country S. Certificate of Status Desired \$5.00 Addit Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ODOM, DARRYL 1130 DURHAM DR. APALACHICOLA, FL 32320 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOTE Registered Agent signature required when reinstating) DATE Filling Fee is \$50.00 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES	ied For Applicable
Suite, Apt. #, etc. O1042007 Chg-LLC CR2E083 (12/06) City & State City & State A. FEI Number 2.0 - 4 24 48 Not App. Not Sire and Address of Current Registered Agent Name ODOM, DARRYL 1130 DURNHAM DR. APALACHICOLA, FL 32320 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the dispokable (NOTE Registered Agent signature required when reinstating) DATE Filling Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 10. ADDITIONS/CHANGES TITLE MAKE SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS A. MACCHI RABELI/A SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS A. MACCHI RABELI/A Change Ch	ied For Applicable
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fimited 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, MANAGER, OR AUTHORIZED REPRESENTATIVE