2008 LIMITED LIABILITY COMPANY

FILED Mar 31, 2008 08:00 A **ANNUAL REPORT Secretary of State** DOCUMENT # L06000016623 E. F. GRIFFIN ROAD OF POLK COUNTY, L.L.C. Principal Place of Business Mailing Address 5120 S. LAKELAND DRIVE, SUITE 2 5120 S. LAKELAND DRIVE, SUITE 2 LAKELAND, FL 33813 LAKELAND, FL 33813 03272008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-4316932 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STRAWBRIDGE, RICK DO NOT WRITE 5120 S. LAKELAND DRIVE, SUITE 2 LAKELAND, FL 33813 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, typed or printe nd title if anolicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 18 \$138.75 After May 1, 2008 Fee will be \$538.75 000000874715 04/11/08-80003-019 138.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE STRAWBRIDGE, RICK NAME STREET ADDRESS 5120 S. LAKELAND DRIVE, SUITE 2 CITY-ST-ZIP LAKELAND, FL 33813 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 accorate 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 regeiver 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

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS