2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000017284

Entity Name: 57 GUNN, LLC

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5245 BIG PINE WAY SUITE 102 5245 BIG PINE WAY FT. MYERS, FL 33907

SUITE #102

FT. MYERS, FL 33907 US

Current Mailing Address: New Mailing Address:

5245 BIG PINE WAY SUITE 102 5245 BIG PINE WAY FT. MYERS, FL 33907

SUITE #102

FT. MYERS, FL 33907 US

FEI Number: 20-3932906 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROGAN, ROKKI ROGAN, ROKKI 5245 BIG PINE WAY 5245 BIG PINE WAY SUITE 102

FT. MYERS, FL 33907 SUITE #102 FT. MYERS, FL 33907 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: ROKKI ROGAN 04/29/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition ROGAN, ROKKI ROGAN, ROKKI Name: Name:

11117 HARBOUR ESTATE CIR. Address: 5245 BIG PINE WAY SUITE#102 Address: City-St-Zip: FT. MYERS, FL 33908 City-St-Zip: FT. MYERS, FL 33907 US

(X) Change () Addition Title: MGRM () Delete Title: MGRM CAMACCI, MICHAEL A Name: CAMACCI, MICHAEL A Name:

Address: 19720 PRINCE BENJAMIN DR. Address: 19720 PRINCE BENJAMIN DR.

City-St-Zip: LUTZ, FL 33549 City-St-Zip: LUTZ, FL 33549 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition MOUNCE, JOHN MOUNCE, JOHN Name: Name:

5245 BIG PINE WAY SUITE #102 Address: 15606 LIGHT BLUE CIR. Address:

City-St-Zip: FT. MYERS, FL 33908 City-St-Zip: FT. MYERS, FL 33907 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: RYON, FRANCES W JR. Name: RYON, FRANCES W JR. 488 BOSPHOROUS AVE. 488 BOSPHOROUS AVE. Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33607 US

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: ROKKI ROGAN **MGRM** 04/29/2008