2007 LIMITED LIABILITY COMPANY ANNUAL REP 'RT (AR)

SIGNATURE:

FILED Feb 08, 2007 8:00 am DOCUMENT # L06000022372 **Secretary of State** 02-08-2007 90144 047 ****50.00 JAY-TODD DOWDLE, LLC M € •g Address Principal Place of Business 823 RIDGEWAY DRIVE 823 RIDGEWAY DRIVE ALEXANDER CITY AL 35010 ALEXANDER CITY AL 35010 3. Mailing Address 2. Principal Place of Business - No P.O. Box # @ PO BOX 177 1st MOORE CR2E083 (10/06) Applied For 4. FEI Number 20-440 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo SHELL, STEPHEN B Street Address (P.O. Box Number is Not Acceptable) 226 PALAFOX PLACE NINTH FLOOR PENSACOLA FL 32502 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. TILLE MGRM Delete IIILŁ Change Addition NAME NAME DOWDLE, JAMES W STRLET ADDRESS STREET ADDRESS 823 RIDGEWAY DRIVE CHY S1-ZIP CHY-ST 7IP ALEXANDER CITY AL 35010 ☐ Change Addition HILE ☐ Delete 11111 MGRM NAME DOWDLE, CARY T STREET ADDRESS STREET ADDRESS 823 RIDGEWAY DRIVE CITY ST-ZIP CHY ST ZIP ALEXANDER CITY AL 35010 Change Addition ☐ Delete TITLE HILL MGRM NAM NAME DOWDLE, JOE T STREET ADDRESS STREET ADDRESS 1847 SOUTH SAGEWOOD COURT CHY ST ZIP CITY SI-ZIP AUBURN AL 36830 Delete TITLE Change ☐ Addition NAME DOWDLE, HAYWOOD D NAME STREET ADDRESS STREET ADDRESS 1847 SOUTH SAGEWOOD COURT CITY ST-ZIP CITY ST ZIP AUBURN AL 36830 ☐ Defete ☐ Change ☐ Addition шш HILL NAME STREET ADDRESS STREET ADDRESS CHY ST 7IP CHY ST ZIP ☐ Delete HILL ☐ Change Addition | NAME STRUCT ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal 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 AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE