2008 LIMITED LIABILITY: C&MPANY

TITLE NAME STREET ADDRESS CITY-ST-7IP TITI F

STREET ADDRESS CITY-ST-ZIP

FILED **ANNUAL REPORT** Jan 10, 2008 08:00 AN DOCUMENT # L06000025321 Secretary of State 1. Entity Name KEN PRATHER & ASSOCIATES, L.L.C. Principal Place of Business Mailing Address 6509 BLACKFIN WAY 6509 BLACKFIN WAY APOLLO BEACH, FL 33572 APOLLO BEACH, FL 33572 01072008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-4483385 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PYLE, TERRENCE F DO NOT WRITE 707 DEL WEBB BLVD. W. SUN SITY CENTER, FL 33573 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) U00000778881 FILE NOWIII FEE IS \$138.75 01/11/08-80015-008 138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS TITLE MGR NAME ' PRATHER, KENNETH L STREET ADDRESS 6509 BLACKFIN WAY CITY-ST-ZIP APOLLO BEACH, FL 33572 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRI CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-7IP

11. I hereby certify that the information supplied with this filling 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 accurate 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.