2008 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 10, 2008 08:00 A Secretary of State DOCUMENT # L06000030575 1. Entity Name THELMA REAVES-ADAMS LLC Principal Place of Business Mailing Address 20020 N.W. 13TH AVENUE 20020 N.W. 13TH AVENUE MIAMI, FL 33169 MIAMI, FL 33169 CR2E083 (12/07) 03282008 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-4553063 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent THE LAW OFFICES OF NICK SPRADLIN, PLLC DO NOT WRITE 12000 N DALE MABRY HIGHWAY #110 TAMPA, FL 33618 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. 1 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) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 HAAAAA890710 04/22/08-80107-003 138.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE REAVES-ADAM, THELMA NAME STREET ADDRESS 20020 N.W. 13TH AVENUE CITY-ST-ZIP MIAMI, FL 33169 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITI F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 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.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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