


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000034903		
1. Entity Name F. EARL TOLEMAN'S, LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN -8 PM 2:29

Principal Place of Business 6832 PALMETTO CIRCLE S., SUITE 106 BOCA RATON, FL 33433	Mailing Address 6832 PALMETTO CIRCLE S., SUITE 106 BOCA RATON, FL 33433
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2. Principal Place of Business - No P.O. Box # 565 E. Hillsboro Blvd Suite, Apt. #, etc. C.A. COFFINGER	3. Mailing Address 565 E. Hillsboro Blvd Suite, Apt. #, etc. C.A. COFFINGER
City & State Deerfield Beach, FL Zip 33441	City & State Deerfield Beach, FL Zip 33441

12232008 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent COFFINGER, CAROL 6832 PALMETTO CIRCLE S., SUITE 106 BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name COFFINGER, CAROL Street Address (P.O. Box Number is Not Acceptable) 565 E. HILLSBORO BLVD. City DEERFIELD BEACH FL Zip Code 33441

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 Carol Coffinger DATE 12/30/08

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COFFINGER, CAROL 6832 PALMETTO CIRCLE S., SUITE 106 BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COFFINGER, CAROL 565 E. HILLSBORO BLVD DEERFIELD BEACH, FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100139696871 01/06/09--01/08--009 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carol Coffinger CAROL A. COFFINGER 12.30.08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 12.30.08 Daytime Phone # 561.212.9521