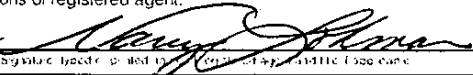
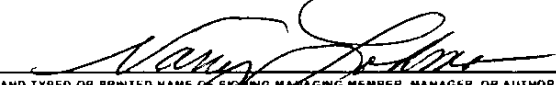


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90042 006 ****50.00

DOCUMENT # L06000037472 1. Entity Name LOHMAN OFFICES, LLC					
Principal Place of Business 1210 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176			Mailing Address 1210 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176		
2. Principal Place of Business - No P.O. Box # 725 W. Granada Blvd		3. Mailing Address 725 W. Granada Blvd			
Suite, Apt. #, etc. Suite 48		Suite, Apt. #, etc. Suite 48			
City & State Ormond Beach, FL		City & State Ormond Beach, FL			
Zip 32174	Country USA	Zip 32174	Country USA		
6. Name and Address of Current Registered Agent BROCK, JEFFREY P 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118			7. Name and Address of New Registered Agent Name Nancy Lohman Street Address (P.O. Box Number is Not Acceptable) 725 W. Granada Blvd Suite 48 City Ormond Beach FL Zip Code 32174		
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  4-26-07					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to: Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP			TITLE NAME STREET ADDRESS CITY ST ZIP		
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TITLE NAME STREET ADDRESS CITY ST ZIP			TITLE NAME STREET ADDRESS CITY ST ZIP		
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: 			4-26-07 386-615-1170		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

40088646



04252007 Chg-LLC CR2E083 (12/06)

4. FEI Number **01-0862925** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required