


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90119 016 \*\*\*\*\*55.00

<b>DOCUMENT # L06000045682</b>	
1. Entity Name <b>BISHOP STREET, LLC</b>	

Principal Place of Business <del>9605 S. MAGNOLIA AVENUE</del> <del>OCALA, FL 34476</del> <b>US</b>	Mailing Address <b>9605 S. MAGNOLIA AVENUE</b> <b>OCALA, FL 34476</b> <b>US</b>
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60031685



2. Principal Place of Business - No P.O. Box # <b>3001 S.W. 24th Ave.</b>	3. Mailing Address <b>3001 S.W. 24th Ave.</b>
Suite, Apt. #, etc. <b>Apt. # 1208</b>	Suite, Apt. #, etc. <b>Apt. # 1208</b>
City & State <b>Ocala FL</b>	City & State <b>Ocala FL</b>
Zip <b>34474</b> Country <b>US</b>	Zip <b>34474</b> Country <b>US</b>

03162007 Chg-LLC CR2E083 (12/06)

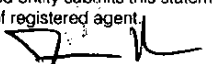
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent	
<b>BARBER, JON K</b> <b>9605 S. MAGNOLIA AVENUE</b> <b>OCALA, FL 34476</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>3001 S.W. 24th Ave</b>	
Apt. # <b>1208</b>	
City <b>Ocala</b>	FL Zip Code <b>34474</b>

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.

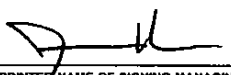
SIGNATURE  **Jon K. Barber** 3/30/07 DATE

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

<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>FLOYD HOLDINGS, LLC</b> <b>9605 S. MAGNOLIA AVENUE</b> <b>OCALA, FL 34476</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3001 S.W. 24th Ave. Apt # 1208</b> <b>Ocala, FL 34474</b>
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
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:**  3/30/07 352-812-2093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #