
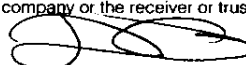


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90440 019 \*\*\*\*50.00

<b>DOCUMENT # L06000057212</b> 1. Entity Name <b>COUNTY ROAD 349 PARTNERS, LLC</b>																																	
Principal Place of Business <b>2806 US HIGHWAY 90 WEST SUITE 101 LAKE CITY, FL 32055</b>			Mailing Address <b>2806 US HIGHWAY 90 WEST SUITE 101 LAKE CITY, FL 32055</b>																														
2. Principal Place of Business - No P.O. Box # <b>164 NW MADISON ST</b>		3. Mailing Address <b>PO Box 3659</b>																															
Suite, Apt. #, etc. <b>SUITE 102</b>		Suite, Apt. #, etc. 																															
City & State <b>LAKE CITY FL</b>		City & State <b>LAKE CITY FL</b>																															
Zip <b>32055</b>		Country <b>USA</b>		Zip <b>32056</b>																													
Country <b>USA</b>		4. FEI Number <b>20-5015419</b>																															
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																																	
6. Name and Address of Current Registered Agent  <b>CRAPPS, DANIEL 2806 US HIGHWAY 90 WEST SUITE 101 LAKE CITY, FL 32055</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>164 NW MADISON ST</b> <b>SUITE 102</b> City <b>LAKE CITY FL</b> Zip Code <b>32055</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>																														
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>CRAPPS, DANIEL</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>PO Box 3659</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>2806 US HIGHWAY 90 WEST SUITE 101 LAKE CITY, FL 32055</b></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	NAME	<b>CRAPPS, DANIEL</b>	<input type="checkbox"/>	STREET ADDRESS	<b>PO Box 3659</b>		CITY-ST-ZIP	<b>2806 US HIGHWAY 90 WEST SUITE 101 LAKE CITY, FL 32055</b>		TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP			
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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.																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b>  </div> <div style="width: 30%;"> <b>DANIEL CRAPPS MANAGER</b> </div> <div style="width: 20%;"> <b>3/28/07</b> </div> <div style="width: 10%;"> <b>386-755-5110</b> </div> </div>																																	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																	