2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - ~-

Apr 25, 2007 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # L06000060199 1. Entity Name 04-25-2007 90033 010 ****55.00 ROSCOE EDWARDS, JR., LLC Principal Place of Business Mailing Address 1507 NE 12TH TERRACE 1507 NE 12TH TERRACE GAINESVILLE FL 32601 GAINESVILLE FL 32601 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 56-2590169 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo EDWARDS, ROSCOE G JR. Street Address (P.O. Box Number is Not Acceptable) 1507 NE 12TH TERRACE GAINESVILLE FL 32601 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9 ADDITIONS/CHANGES 10. ши ☐ Defete ☐ Change ■ Addition NAME EDWARDS, ROSCOE G JR. NAMI STRLET ADDRESS 1507 NE 12TH TERRACE STREET ADDRESS CITY S1-ZIP CHY ST 7P GAINESVILLE FL 32601 1019 Defete 11111 Change ☐ Addition NAM NAMI STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CHY ST ZIP IIII ☐ Delete BHE ☐ Change ■ Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY ST-71P CHY ST 7IP 1011 ☐ Delete 1110 Change ■ Addition NAMI STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY ST 7P 1010 ☐ Delete ☐ Change ☐ Addition NAME NAMI STREET ADDRESS STREELADDRESS CITY ST-ZIP CHY ST 7IP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. Hurther 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.

11111

NAME

STREET ADDRESS

CHY ST 7IP

☐ Change

Addition

☐ Delete

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NAME

STREET ADDRESS

CHY ST-ZIP

SIGNATURE: ROSCO2 G. ELWGYS, Jr. - ROSCO S. ELWGYS, Jr. 4-17-07 870-999
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE COME Caryume Printing #