FILED Apr 13, 2007 8:00 am Secretary of State 03-28-2007 90185 049 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

| 1. Entity Name | MENT # L06000062 nd #3, llc | 1 | | 00003166 | | | | | | |
|---|--|---|--|--------------------------|--|---|------------------------------|-----------|-------------------------|--|
| Principal Place of Business 424 NE ROSEMARY LANE MAYO, FL 32066 | | Mailing Address 424 NE ROSEMARY LANE MAYO, FL 32066 | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | Chg-LLC | CR2E083 (1 | 2/06) | | |
| City & State | | City & State | | | 4. FEI Numb | -80203 | 33 | | olied For Applicable | |
| Zip | Country | Zip Count | | ry | 5. Certificate of Status Desired Sta | | | | | |
| | 6. Name and Address of Current | Registered Agent | egistered Agent Name | | | 7. Name and Address of New Registered Agent | | | | |
| BOONE, 6 | AM W | [| THE THE PARTY OF T | | | | | | | |
| 605 N.E. F | IRST STREET SUTIE E LLE, FL 32601 | Street Address | | | P.O. Box Numb | ber is Not Acceptable) | | | | |
| | | | City | FL Zip Code | | | | | | |
| 8. The above | named entity submits this statement le | or the purpose of changing its | s registere | ed office or register | red agent, or b | oth, in the State of Flori | ida. I am familia | r with, a | and accept | |
| the obligations of registered agent. SIGNATURE | | | | | | | | | | |
| - | Signature, typed or printed name of regularised figure | and title if applicable (NOT | E: Pegasiared | Agent eignature required | Auton constraint() | , | DATE | | | |
| | iling Fee is \$50.00 ue by May 1, 2007 | | | | | | check payabl Department o | | | |
| 9. | MANAGING MEMB | ERS/MANAGERS | 10. | | | ADOITIONS/C | CHANGES | | | |
| TiTLE | MGR | ☐ Deleta | TITLE | | | | | hange | Addition | |
| NAME | JACKSON, KENNETH B | | NAME | | | | | | | |
| STREET ADORESS CITY-ST-ZIP | 424 NE ROSEMARY LANE MAYO, FL 32066 | | | ET ADORESS ST-ZIP | | | | | | |
| TITLE | MATO, I E 32000 | Deleja | TITLE | | | | | hanne | Addition | |
| NAME | | C) peels | NAME | 1 | | | | | | |
| STREET ADDRESS | | | | ET ADORESS -S1-ZIP | | | | | | |
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| NAME | | | NAME | ı | | | | | į | |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADORESS - ST - ZIP | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | hange | Addition | |
| NAME | | | NAME | ì | | | | - | | |
| STREET ADDRESS | | | | ET ADDRESS -SI-21P | | | | | l | |
| 11. Lhereby | cartify that the information supplied wit | h this filing does not quality fo | | | in Chepter 119 |). Florida Statutes. I fuel | ther certify that t | ha inter | mation | |
| 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chepter 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 ceth; 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. | | | | | | | | | | |
| | URE: Kenneth | & taken | 1 | | To. 4. | |) 25t - 1 | 7 642 | اءمص | |
| SIGNATURE: Dennell & Jackson 3-24-07 386-294-1729 | | | | | | | | | | |