2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Name and Address of Current Registered Agent CUNNINGHAM KEN 8. Name and Address of Current Registered Agent CUNNINGHAM KEN 8. Name and Address of Current Registered Agent CUNNINGHAM KEN 8. Some Address of Current Registered Agent CUNNINGHAM KEN 8. The above named entity schmids the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the oclogations of registered agent. 8. Name and Address of Current Registered Agent CUNNINGHAM KEN 8. The above named entity schmids the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the oclogations of registered agent. 8. The above named entity schmids the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the oclogations of registered agent. 8. The above named entity schmids the statement for the purpose of changing its registered agent. The both in the State of Florida. I am familiar with, and accept the oclogations of registered agent. 8. The above named entity schmids the statement for the purpose of changing its registered agent. The both in the State of Florida. I am familiar with, and accept the oclogations of registered agent. 8. The above named entity schmids the statement for the purpose of changing its registered agent. The both in the State of Florida. I am familiar with, and accept the oclogations of registered agent. 8. The above named entity schmids the statement for the purpose of changing its registered agent. The both in the State of Florida State of Florida State of Florida. I am familiar with, and accept the oclogations of registered agent. 8. The above named entity schmids the statement for the purpose of changing its registered agent. The both in the statement of State of Florida Statement of State 9. MANAGING MEMBERS/INAMAGERS 10. Delete 10. The Statement of State 10. The Statement of State 10. The Statement of State	1. Entity Nam	MENT # L0600006				FILED 07 APR 27 AM 8: 04				
Soles Apt. 4. etc. City & State	8386 FORDI	HAM LANE	8386 FORDHAM LANE TALLAHASSEE FL 32305		ВК	11861184	SECRETARY OF STATE ALLAHASSEE, FLORID	Ā	1 (II 18 3)	
CLIV & State City & State City & C	2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Security					04272007	Chg-LLC CR2E083 (1	12/06)			
S. Name and Address of Current Registered Agent CUNNINGHAM, KEN 8386 FORDHAM LANE TALLAHASSEE, FL 32305 8. The above named entry submits this statement for the purpose of changing its registered diffice or registered agent, or born, in the State of Florida. I am familier with, and accept the deligations of registered agent. FILING Foo is \$50.00 ptus by May 1, 2007 FILING Foo is \$50.00 ptus by May 1, 2007 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 11. ADDITIONS/CHANGES 12. ADDITIONS/CHANGES 13. ADDITIONS/CHANGES 14. ADDITIONS/CHANGES 15. CITY-ST-2P 17. LILLAHASSEE, FL 32305 18. The above named entry submits this statement for the purpose of changing its registered diffice or registered agent, or born, in the State of Florida. I am familier with, and accept the deligations of registered agent. Statement for the purpose of changing its registered diffice or registered agent, or born, in the State of Florida. I am familier with, and accept the deligations of registered agent. Statement for the purpose of changing its registered agent, or born, in the State of Florida. I am familier with, and accept the deligations of registered agent. Statement for the purpose of changing its registered agent, or born, in the State of Florida. I am familier with, and accept the familier with accept the required of the familier with a familier with and accept the familier with accept the required of the familier with a managery member or interaction of the purpose o	City & Stat	te	City & State		4. FEI Numb	-390472				
CUNNINGHAM, KEN 8386 FORDHAM LANE TALLAHASSEE, FL 32305 City City FL Zip Code Ration City Ration	Zip			Zip Coun		5. Certificati			onal	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name and Address of Curren	t Registered Agent							
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: 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. 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. 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 statement of State of Florida Department of State of Florida States. I further certify that the information supplied with this fling does not qualify the department of Incaper of Incaper of The Indicated on the report is true and accurate and that my signature of the plant of the control of Incaper of Incaper of The Indicated on the Incaper of In	8386 FOR	DHAM LANE	Street Address (P.O. Box Numb	ber is Not Acceptable)				
S. The above named entity submits this statement for the purpose of changing its registered algorit, or both, in the State of Fiorida. Tam familiar with, and accept the obligations of registered agent.					City		FL 2	ip Code		
Filling Foo Is \$50.00 Due by May 1, 2007 Second Provided private range of registrative required sequence required s	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									
Filing Foe is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State	SIGNATURE									
TITLE NAME NAME CUNNINGHAM, KEN CUNNINGHAM, KEN CUNNINGHAM, KEN STREET ADDRESS CITY-ST-ZIP TITLE MGR STRET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-	Fi D	iling Fee Is \$50.00	BK				Make check payab		:	
NME SIREET ADDRESS CITY-ST-2P TITLE MGR SIREET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32305 TITLE MGR SIREET ADDRESS CITY-ST-2P TITLE MGR SIREET ADDRESS CITY-ST-2P TITLE MGR SIREET ADDRESS CITY-ST-2P TITLE MGR TALLAHASSEE, FL 32305 TITLE MAME SIREET ADDRESS CITY-ST-2P TITLE MAME SIRET ADDRESS	9.		ERS/MANAGERS	10.			ADDITIONS/CHANGES			
NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-	NAME STREET ADDRESS	CUNNINGHAM, KEN NAM STRE			E ET ADDRESS	90 05/0	0010163039	9	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. 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 in 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 trustage empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE: STREET ADDRESS CITY-ST-ZIP 4. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. SIGNATURE: SIGNATURE: STREET ADDRESS CITY-ST-ZIP 4. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. SIGNATURE: SIGNATURE:	NAME STREET ADDRESS	SMITH, MICHAEL L 8386 FORDHAM LANE STREET			E ET ADDRESS			hange	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete Dele	NAME STREET ADDRESS		☐ Delete	NAM STRE	ET ADDRESS			hange	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. 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: When The state of the s	NAME Street address		☐ Delete	NAMI STRE	e et address			hange	Addition	
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: Web. 1. The provided statutes are provided by Chapter 608, Florida Statutes. **Company of the Information Statutes are provided by Chapter 608, Florida Statutes.** **Company of the Information Statutes are provided by Chapter 608, Florida Statutes.** **Company of the Information Statutes are provided by Chapter 608, Florida Statutes.** **Company of the Information Statutes are provided by Chapter 608, Florida Statutes.** **Company of the Information Statutes are provided by Chapter 608, Florida Statutes.** **Company of the Information Statutes are provided by Chapter 608, Florida Statutes.** **Company of the Information Statutes are provided by Chapter 608, Florida Statutes.** **Company of the Information Statutes are provided by Chapter 608, Florida Statutes.** **Company of the Information Statutes are provided by Chapter 608, Florida Statutes ar	NAME STREET ADDRESS		☐ Delete	NAMI STRE	E ET ADDRESS			hange [Addition	
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:	NAME STREET ADDRESS		☐ Delete	NAMI STRE	E ET ADDRESS			hange [Addition	
	, 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									
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Proce #	SIGNAT		. (leny (۰		Ц.	-27-07		·,	