

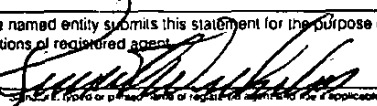
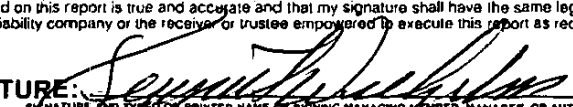


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90319 042 \*\*\*138.75

<b>DOCUMENT # L06000074885</b> 1. Entity Name NORTH BRANCH OF POLK COUNTY, L.L.C.					
Principal Place of Business C/O KENNETH F. WILHELM 5529 U.S. HIGHWAY 98 NORTH LAKELAND, FL 33809			Mailing Address C/O KENNETH F. WILHELM 5529 U.S. HIGHWAY 98 NORTH LAKELAND, FL 33809		
2. Principal Place of Business-- No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		04012008    Chg-LLC    CR2E083 (12/06)	
4. FEI Number NOT APPLICABLE				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILHELM, KENNETH F 5529 U.S. HIGHWAY 98 NORTH LAKELAND, FL 33809				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL    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  (NOTE: Registered Agent signature required when reappointing)    DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILHELM, KENNETH F		NAME		
STREET ADDRESS	5529 U.S. HIGHWAY 98 NORTH		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33809		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			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  5-16-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Date    Daytime Phone #					