2007 LIMITED LIABILITY COMPANY

Aug 30, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L06000078247 05-02-2007 90358 050 ****55.00 1. Entity Name VON A. KELLER JR., LLC Principal Place of Business Mailing Address 30012595 501 EAST CERVANTES 310 MOUNTAIN DRIVE DESTIN, FL 32541 PENSACOLA, FL 32501 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 08282007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 75-3248717 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOSTER-JAMES-J-SR-Street Address (P.O. Box Number is Not Acceptable) 185 BAY TREE DRIVE MIRAMAR BEACH, FL 32550 City Zip Code FL 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM TITLE □ Delete TITLE ☐ Change Addition KELLER, VON A JR. NAME NAME 310 MOUNTAIN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE

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11. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

2007 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2007 LIMITED LIABILITY COMPANY 5/2/2007-90358-050-\$55.00-\$55.00

DOCUMENT # L06000078247 1. Entity Name VON A. KELLER JR., LLC						ATTACHMENT			
Principal Place of Business Mailing Address									
501 EAST CE PENSACOLA,	_		310 MOUNTAIN DRIVE DESTIN, FL 32541						
2. Principal P	tace of Business	- No P.O. Box #	3. Mailing Address	Mailing Address			#300	12541	5
Suite, Apt. #, etc.			Suite, Apt. #, etc.				75 ^{Chg-JLC}	CR2E083 (12/06	3)
City & State			City & State			4. FEI Number Applied For Not Applied For Not Applied For Not Applicable			
Zip			Zip	Country -		5. Certificate of Status Desired Status Desired Fee Required			
	6. Name and	Address of Current	Registered Agent		Name	7. Name on	d Address of New Regi	stered Agent	
185 BAY T	JAMES J SR TREE DRIVE BEACH, FL	32550	<u> </u>			ess (P.O. Box Number is Not Acceptable)			
					City			Zip Code	
	named entity sut		r the purpose of changing its r	registered	office or register	ed agent, or bo	oth, in the State of Florida		h, and accept
SIGNÀTURE .	. 987								
	Signature, typed or pre	nted name of registered agent.	and title if applicable. (NOTE:	: Registered A	Gent atturators redrised	when levislating)	<u> </u>	DATE	
	iling Foe is \$ ue by May 1,	50.00 2007	:					heck payable to epartment of Su	
9.		MANAGING MEMBE		10.			ADDITIONS/CH		
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NAME STREET ADDRESS CITY-ST-ZP	, ,			NAME STREET A CITY-ST	ADORESS -71P				
11. Thereby	on this report is t	true and accurate and	this filing does not qualify for that my signature shall have the	the exemp he same lo	otions contained i	nade under oati	h; that I am a managing	er certify that the in member or manag	formation per of the
		r ine receiver or truster	e empowered to execute this re					0= - 0=	
SIGNATURE: lon & Kelly for NON A KELLER JR Gord 30, 2007 850-2176039									