2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

Apr 16, 2008 8:00 am Secretary of State 04-16-2008 90114 033 ***143.75 DOCUMENT # L06000083660 ALLEN BURDICK PAINTING, LLC. Principal Place of Business Mailing Address 50003568 1272 GREENSBORO HIGHWAY 1272 GREENSBORO HIGHWAY QUINCY, FL 32351 QUINCY, FL 32351 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 03212008 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 20-5444870 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURDICK, ALLEN 1272 GREENSBORO HIGHWAY Street Address (P.O. Box Number is Not Acceptable) QUINCY, FL 32351 City 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) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE Change ☐ Addition NAME BURDICK, ALLEN 1272 GREENSBORO HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP QUINCY, FL 32351 CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition BARDWICK, STEVEN D STREET ADDRESS 1270 GREENSBORO HWY STREET ADDRESS CITY-ST-ZIP QUINCY, FL 32351 CITY-ST-ZIP **MGRM** TITLE TITLE ☐ Change ■ Addition NAME BURDICK, PAUL 18084 GREENSBORO HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP QUINCY, FL 32351 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME

STREET ADDRESS

4-4-08

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.

FILED