2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2008
Secretary of State

DOCUMENT# L06000084536

Entity Name: LCRR LLC

Current Principal Place of Business:

1026 N. MONROE STREET
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

PO BOX 5587
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number: 87-0780476 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RALEY, CAROL
3957 OLD BAINBRIDGE ROAD
TALLAHASSEE, FL 32303 US

Name and Address of New 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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RALEY, L.J.
Address: 3957 OLD BAINBRIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM ( ) Delete
Name: RALEY, CAROL
Address: 3957 OLD BAINBRIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM ( ) Delete
Name: RUSH, ROBERT
Address: 1026 N. MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CAROL RALEY MGRM 05/12/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date