2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mallaring Address 38 HYDE ROAD THOMASVILLE, FL 31757 2. Principal Place of Business Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State Applied For Applied For Nor Applied Respired See Recycled S	1. Entity Nam	MENT # L06000087 W. FOX LLC	346				08.	FILE JAN-8 AM		I
Suite, Apt. 8, etc. Suite, Apt. 9, etc. O1082008 ChgLLC CR2ED83 (12/08) City & Siete City & Siete A FEI Number Acceptable Red Applications Red	38 HYDE RO	AD .	38 HYDE ROAD			131	TALLA	ETARY OF HASSEE, F	STATI	E DA
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Zip Country Zip Country 8. Conflicted of Status Desired Status Des	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			0108	32008 Chg-LLC	CR2E083	(12/06)	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name 8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Provide. I am familiar with, and access the obligations of registered agent. 8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Provide. I am familiar with, and access the obligations of registered agent. 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 Provide. I am familiar with, and access the obligations of registered agent. 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 Provide. I am familiar with, and access the obligations of registered agent. 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 Provide. I am familiar with, and access the obligation of registered agent, or both, in the State of Provide. I am familiar with, and access the obligation of registered agent, or both, in the State of Provide agent, or both, in	City & Stat	9	City & State							
Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Count	ry	5 . Ce	rtificate of Status Desire			
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name and Address of Current	Registered Agent		Name	7. Na:	me and Address of Ne	w Registered Age	<u>nt</u>	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. It am familiar with, and access the obligations of registered agent, or both, in the State of Florida. It am familiar with, and access the obligations of registered agent, or both, in the State of Florida. It am familiar with, and access the obligations of registered agent, or both, in the State of Florida. It am familiar with, and access the obligations of registered agent, or both, in the State of Florida. It am familiar with, and access the obligations of registered agent, or both, in the State of Florida. It am familiar with, and access the obligations of registered agent, or both, in the State of Florida. It am familiar with, and access the obligations of registered agent, or both, in the State of Florida. In the control of the state of Florida Department of State	58 SIOUX CIRCLE				Street Address (P.O. Box Number is Not Acceptable)					
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MORRISER, OR AUTHORIZED REPRESENTATIVE Deb Daytine Phone #	SIGNAT	URE:	In				1/8/08	·)		