200 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED DOCUMENT # L06000110033 1. Entity Name 07 APR 30 PM 4: 56 KENNETH BARINEAU LLC SECRETARY OF STATE. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4224 BALLARD RD LOT A 4224 BALLARD RD LOT A $\exists K$ TALLHASSEE, FL 32305 TALLHASSEE, FL 32305 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARINEAU, KENNETH Street Address (P.O. Box Number is Not Acceptable) 4224 BALLARD RD LOT A TALLHASSEE, FL 32305 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. Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State BK MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. 000101703140 05/07/07--01018--020 **50.0 MGRM TITLE ☐ Addition TITI F Delete BARINEAU, KENNETH NAME NAME STREET ADDRESS 4224 BALLARD RD LOT A STREET ADDRESS CITY-ST-ZIP TALLHASSEE, FL 32305 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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 Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C#Y-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. 4-30-0