2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 12, 2007 8:00 am Secretary of State **DOCUMENT # L06000117177** 1. Entity Name J. HAWKINS FAMILY, LLC 04-12-2007 90180 030 ****50.00 Principal Place of Business Mailing Address 435 N. JEFFERSON STREET P.O. BOX 507 MONTICELLO, FL 32345 MONTICELLO, FL 32344 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt. # etc. Suite, Apt. #, etc. 02042007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number ✓ Applied For 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 Name HAWKINS, JOHN E Street Address (P.O. Box Number is Not Acceptable) 435 N. JEFFERSON STREET MONTICELLO, FL 32344 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITI F ☐ Detete TITLE Change Addition HAWKINS, JOHN E NAME NAME STREET ADDRESS 435 N. JEFFERSON STREET STREET ADDRESS CITY-ST-ZIP MONTICELLO, FL 32344 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAWKINS, ELEANOR B NAME NAME STREET ADDRESS 435 N. JEFFERSON STREET STREET ADDRESS CITY-ST-7IP MONTICELLO, FL 32344 CITY-ST-ZIP TILE TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition 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

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.

| A | Eleanor | B | Hawkins

8509972863 Oftenbens G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE