2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

May 23, 2008 8:00 am Secretary of State DOCUMENT # L06000119420 1. Entity Name 05-23-2008 90159 007 ***143.75 FAIRFIELD DEPOT LLC Principal Place of Business Mailing Address 695 31ST STREET SOUTH ST. PETERSBURG FL 33712 695 31ST STREET SOUTH ST. PETERSBURG FL 33712 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/07) City & State City & State Applied For 20-8102507 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 BOWMAN, DANIEL 695 31ST STREET NORTH Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33712 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 proced name of registered rigent and title if applicable tNOTE. Registered Agent signature required when remistating DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE Delete TITLE ☐ Change ☐ Addition BRANDES, MARY L NAME NAME STREET ADDRESS STREET ADDRESS 695 31ST STREET SOUTH CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33712 TITLE MGRM ☐ Delete TITLE Change Addition NAME HOOKER, DONNA E NAME STREET ADDRESS 695 31ST STREET SOUTH STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33712 CITY-ST-ZiP THILE Delete MGR TITLE ☐ Change ☐ Addition NAME BOWMAN, DANIEL S NAME STREET ADDRESS 695 31ST STREET SOUTH STREET ADDRESS CON-ST-ZIP SAINT PETERSBURG FL 33712 CITY-ST-ZiP MGR MGR TITLE Addition ☐ Delete TITLE ☐ Change RUSSEL P. BRANDES 695 31ST STREET SOUTH NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 337/2 TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED

727-322-1403