2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 16, 2007 8:00 am Secretary of State DOCUMENT # L06000120322 04-16-2007 90351 045 ****50.00 1. Entity Name RICHEY'S LLC Principal Place of Business Mailing Address 60037176 1025 CHOCTAWHATCHEE DRIVE 1025 CHOCTAWHATCHEE DRIVE NICEVILLE, FL 32578 NICEVILLE, FL 32578 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122007 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number Not Applicable Zip Country Zip 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 RICHEY, JEAN N 1025 CHOCTAWHATCHEE DRIVE Street Address (P.O. Box Number is Not Acceptable) NICEVILLE, FL 32578 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agont signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE □ Delete TELLE ☐ Change ■ Addition RICHEY, JEAN N NAME NAME STREET ADDRESS 1025 CHOCTAWHATCHEE DRIVE STREET ADDRESS CITY-ST-ZIP NICEVILLE, FL 32578 CITY-ST-7IP TITLE TITLE ☐ Detete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ■ Addition ☐ Delete TITLE ☐ Change 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 TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS 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.

whey JEAN N. Richey

SIGNATURE

FILED