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Secretary of State

04-15-2008 90113 012 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008 4/4

DOCUMENT # L07000008036

1. Entity Name

DOWNTOWN PERRY ASSOCIATION, LLC

Principal Place of Business	Mailing Address
121 E. GREEN STREET PERRY FL 32347 US	121 E. GREEN STREET PERRY FL 32347 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
115 E Green St	115 E Green St
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: Perry FL	City & State: Perry FL
Zip: 32347 Country: Taylor	Zip: 32347 Country: Taylor

1st MOORE CR2E083 (10/07)

4. FEI Number: 11-3793939 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DORMAN, SHARRON 121 E. GREEN STREET PERRY FL 32347	Name: Vicki HATTON Street Address (P.O. Box Number is Not Acceptable): 115 E Green Street City: Perry FL Zip Code: 32347

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: Vicki D. Hatton DATE: 04-02-08

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TUTEN, PAULA 109 W. MAIN STREET PERRY FL 32347	☒ Delete	PRESIDENT JOANNA TER MAAT 1148 HELEN ST. PERRY, FL 32347	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DORMAN, SHARRON 121 E. GREEN STREET PERRY FL 32347	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HATTON, VICKI 115 E. GREEN STREET PERRYF FL 32347	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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: Vicki D. Hatton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #