2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Sep 12, 2008 8:00 am Secretary of State DOCUMENT # L07000009260 09-12-2008 90016 017 ***143.75 1. Entity Name J&G SERVICES L.L.C. Principal Place of Business Mailing Address 416-N CRESCENT-STREET, S-2 416-N CRESCENT-STREET, S-2 60047063 FT. MYERS BEACH, FL 33932 FT. MYERS BEACH, FL 33932 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2090 W FIRST ST PO Box 6154 Suite, Apt. #, etc. Suite, Apt. #, etc. 09102008 Chg-LLC CR2E083 (12/06) I 1209 City & State City & State 4. FEI Number Applied For BEACH T MYERS 33-1151525 Not Applicable Zip \$5.00 Additional 5. Certificate of Status Desired LEE 3390 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331 City Zip Code 18. 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWII FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to Due by September 12, 2008 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MLE MGRM ☐ Delete TITLE MGR □ Change Addition JOE GRIFFIA GRIFFIN, GLENDA F NAME MARKE POSII STREET ADDRESS P.O. BOX 6154 2090 LD FIRST ST STREET ADDRESS CITY-ST-ZIP FT. MYERS BEACH, FL 33932 CITY-ST-ZIP 33901 TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Channe ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP me Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P 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 of manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPED OF

FILED