2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

Jan 22, 2008 8:00 am Secretary of State DOCUMENT # L07000013137 01-22-2008 90120 007 ***138.75 1. Entity Name ACHILLES REAL ESTATE HOLDINGS, LLC Phhnmia Principal Place of Business Mailing Address 2742 CLAIRBORO ROAD 2742 CLAIRBORO ROAD JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 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 HOWARD J. SMITH, P.A. Street Address (P.O. Box Number is Not Acceptable) 12443 SAN JOSE BOULEVARD **SUITE 1004** JACKSONVILLE, FL 32223 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES 10. TITLE ☐ Defete TITLE Change ☐ Addition Roger T. Bates 2742 Clairboro Road NAME NAME STREET ADDRESS STREET ADDRESS Jackson 11e Fr CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change [] Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

904-962-422-