

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015498

FILED
Jul 03, 2008
Secretary of State

Entity Name: FULLER, MITCHELL, HOOD & STEPHENS, LLC

Current Principal Place of Business:

526 EAST PARK AVENUE, SUITE 200
TALLAHASSEE, FL 32301

New Principal Place of Business:

2565 BARRINGTON CIRCLE
TALLAHASSEE, FL 32308

Current Mailing Address:

526 EAST PARK AVENUE, SUITE 200
TALLAHASSEE, FL 32301

New Mailing Address:

2565 BARRINGTON CIRCLE
TALLAHASSEE, FL 32308

FEI Number: 41-2227272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLER, S. WILLIAM JR.
526 EAST PARK AVENUE, SUITE 200
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

FULLER, S. WILLIAM JR.
2565 BARRINGTON CIRCLE
TALLAHASSEE, FL 32308 US

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.

SIGNATURE: S. WILLIAM FULLER, JR.

07/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FULLER, S. WILLIAM JR.
Address: 526 EAST PARK AVENUE, SUITE 200
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM () Delete
Name: MITCHELL, P. SCOTT
Address: 526 EAST PARK AVENUE, SUITE 200
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM () Delete
Name: HOOD, KATHRYN L
Address: 526 EAST PARK AVENUE, SUITE 200
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM () Delete
Name: STEPHENS, HALLEY M
Address: 526 EAST PARK AVENUE, SUITE 200
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FULLER, S. WILLIAM JR.
Address: 2565 BARRINGTON CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM (X) Change () Addition
Name: MITCHELL, P. SCOTT
Address: 2565 BARRINGTON CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM (X) Change () Addition
Name: HOOD, KATHRYN L
Address: 2565 BARRINGTON CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM (X) Change () Addition
Name: STEPHENS, HALLEY M
Address: 2565 BARRINGTON CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KATHRYN L. HOOD

MGRM

07/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date