


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 25 PM 2:45

DOCUMENT # L07000023479 1. Entity Name M.H. PRITCHETT & ASSOCIATES, LLC					
Principal Place of Business 1050 SE 6TH STREET LAKE BUTLER, FL 32054			Mailing Address 1050 SE 6TH STREET LAKE BUTLER, FL 32054		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent PRITCHETT, JON W 1050 SE 6TH STREET LAKE BUTLER, FL 32054				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MNGR Marvin H. Pritchett 1050 SE 6th St. Lake Butler, FL 32054	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MNGR Margaret Pritchett 1050 SE 6th Str. Lake Butler, FL 32054	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MNGR Jon W. Pritchett 1050 SE 6th St. Lake Butler, FL 32054	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MNGR Phillip W. Pritchett 1050 SE 6th St. Lake Butler, FL 32054	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MNGR Robin P. Wilson 1050 SE 6th St. Lake Butler, FL 32054	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MNGR 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
SIGNATURE: <i>MH Pritchett</i>			4/29/08 386-496-2630		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

MR/MRM