2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

'ANNUAL REPORT								SEC	RETARY OF ST	
DOCUMENT # L07000023479 1. Entity Name M.H. PRITCHETT & ASSOCIATES, LLC								11 8 1-31(UN 25 PM 2	ATIONS
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Principal Place of Business 1050 SE 6TH STREET LAKE BUTLER, FL 32054				Mailing Address 1050 SE 6TH STREET LAKE BUTLER, FL 32054			i stevenen	4 NIT (1881) - 1881) 1881	FI SSHIN KINGS KIKA SISIN KINGS FI	(RISTO PLATE)
2. Principal Place of Business - No P.O. Box #				3. Mailing Address						
Suite, Apt. #, etc.			Suite	Suite, Apt. #. etc.			04282008	Chg-LLC	CR2E083 (12/06)_
City & State			City	City & State			4. FEI Numbe	r	 	Applied For Not Applicable
Zip	Country			Zip Cour		itry	5. Certificate	of Status Desired	S5.00 A	
6. Name and Address of Current Registered Agent						Name	7. Name and	Address of New R	egistered Agent	
PRITCHETT, JON W 1050 SE 6TH STREET LAKE BUTLER, FL 32054							P.O. Box Numbe	r is Not Acceptable)	
	·					City			75- C-	4-
8. The above	named entity	v submits this stateme	nt for the numo	nse of changing its	register	l '	red errent or hot	n in the State of Flo	FL Zip Co	
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 Signature, typed or printed name of registered agent and title 6 applicable. (NOTE: Registered Agent signature required when refristaling) DATE										
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							Make check payable to Florida Department of State			
9.	1 3	MANAGING ME	MBERS/MANA		10.			ADDITIONS/		
name Mar	MNGR Win H.	Pritchett		☐ Delete	, TITLE				Change	_
STREET ADDRESS CITY-ST-DP	1050 S Lake B	E 6th St. utler, FL	32054			ET ADORESS -ST-ZIP		0000009 05/27/08-8	136801 180023-021 138	3.75
TITLE NAME STREET ADDRESS	MNGR Marga 1050	ret Pritche SE 6th Str.	ett	Delate	TITLE NAME STRE	1			☐ Change	Addition
CITY-ST-ZIP		Butler, FL	32054			-ST-ZIP (· · · · · · · · · · · · · · · · · · ·		
TITLE NAME	MNGR Jon W	. Pritchett		Delete	147LE	1	•		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	1050 Lake	SE 6th St. Butler, FL	32054			ET ADORESS -ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lake	ip W. Prito SE 6th St. Butler, FL	hett 32054	☐ Delete		1		, 0	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1050	P. WIlson SE 6th St. Butler, FL	32054	☐ Delete	4	I			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		i		•	☐ Change	Addition Addition
11. Thereby certify that the Information supplied with this filling 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 signafure 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 empoweregito execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: 429 08 386-496-2630 SIGNATURE AND TYPE ON BRITTED HARRE OF SIGNING MANAGEM, BANAGEM, OR AUTHORIZED REPRESENTATIVE Date Desponse Promp 6										

mer/merm