2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

Feb 29, 2008 8:00 am Secretary of State **DOCUMENT # L07000028291** 1. Entity Name 02-29-2008 90102 031 ***138.75 JACK W. RAGSDALE, LLC Mailing Address Principal Place of Business 6553 N W 138 PLACE 6553 N W 138 PLACE UUULLUTU CHIEFLAND, FL 32626 CHIEFLAND, FL 32626 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAGSDALE, JACK W Street Address (P.C. Box Number is Not Acceptable) 6553 N W 138 PLACE CHIEFLAND, FL 32626 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 the obligations of egistered agent. 01-08-08 SIGNATURE (NOTE: Registered Agent signature required when ternstating) 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 **MGRM** Delete TITLE Change Addition NAME RAGSDALE, JACK W NAME 6553 N W 138 PLACE STREET ADDRESS STREET ADDRESS CHIEFLAND, FL 32626 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST. 7IP City-St-7P ☐ Delete Change Addition THLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME намп STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7/P 11. I hereby 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 signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

FILED