2008 LIMITED LIABILITY COMPANY

Mar 31, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L07000030364** 03-31-2008 90269 031 ***138.75 1. Entity Name JANLER L.L.C. Principal Place of Business Mailing Address 00018394 10100 HILLVIEW DR #338 10100 HILLVIEW DR #338 PENSACOLA, FL 32514 PENSACOLA, FL 32514 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5970 LIMESTONE RD 5970 LIMESTONE RD Suite, Apt. #, etc. Suite, Apt. #, etc. 03252008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For PENSACOLA PENSA LOLA X Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 32504. 32504 USA ÚSA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANNE F WILER. CUTLER, ANNE F Street Address (P.O. Box Number is Not Acceptable) 5970 UMESTONE RO 10100 HILLVIEW DR #338 PENSACOLA, FL 32514 Zip Code 32504 PENSACOLA 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. (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 MANAGING MEMBERS/MANAGERS 9. -10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE TA Change ■ Addition CUTLER, ANNE F NAME NAME 5970 UMESTONE RD STREET ADDRESS 10100 HILLVIEW DR #338 STREET ADDRESS 32504 PENSACOLA, FL 32514 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL MGR Defete Change ☐ Addition CUTLER, JOHN C NAME NAME 5970 UMESTONE 10100 HILLVIEW DR #338 STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32514 CITY-ST-ZIP CITY-ST-ZIP PENSACOLT, FL ☐ Defete TITLE Change ☐ Addition TITLE NAME 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-ZIF TITLE ☐ Delete TITLE ☐ Channe ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. 1 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.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED