2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

04-24-2008 90009 018 ***138.75

DOCUMENT # L07000031313

1. Entity Name
GREAT EXPECTATIONS AUCTION COMPANY, LLC

Principal Place of Business	Mailing Address
56 SAN MARCO AVENUE ST. AUGUSTINE, FL 32084	56 SAN MARCO AVENUE ST. AUGUSTINE, FL 32084

04232008 ~~Chg-LLC~~ CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2121 US Highway 1 South	2121 US Highway 1 South
Suite, Apt. #, etc: Suite 1	Suite, Apt. #, etc: Suite 1
City & State: St. Augustine, FL	City & State: St. Augustine, FL
Zip: 32086 Country: USA	Zip: 32086 Country: USA

4. FEI Number: 33-1205017 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAKER, JENA N 56 SAN MARCO AVENUE ST. AUGUSTINE, FL 32084	Name: Baker, Jena N. Street Address (P.O. Box Number is Not Acceptable): 2121 US Highway 1 South, Suite 1 City: St. Augustine FL Zip Code: 32086

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] President 4/22/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	MGR BAKER, JENA N 56 SAN MARCO AVENUE ST. AUGUSTINE, FL 32084	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Baker, Jena 2121 US Highway 1 South, Suite 1 St. Augustine, FL 32086	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Bell, Leonard 2121 US Highway 1 South, Suite 1 St. Augustine, FL 32086	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 4/22/08 (904) 806-4274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #