

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045271

FILED
Feb 29, 2008
Secretary of State

Entity Name: FIVE FOLKS, LLC

Current Principal Place of Business:

2115 BROOKHAVEN DRIVE
SARASOTA, FL 34239 US

New Principal Place of Business:

254 SOUTHLAND STATION DRIVE
WARNER ROBINS, GA 31088 US

Current Mailing Address:

2115 BROOKHAVEN DRIVE
SARASOTA, FL 34239 US

New Mailing Address:

254 SOUTHLAND STATION DRIVE
WARNER ROBINS, GA 31088 US

FEI Number: 20-8940942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WHITE, BARRY
Address: 2115 BROOKHAVEN DRIVE
City-St-Zip: SARASOTA, FL 34239 US

Title: MGR () Delete
Name: SMITH, JANE
Address: 2115 BROOKHAVEN DRIVE
City-St-Zip: SARASOTA, FL 34239 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SIMPSON, C. LEONARD
Address: 254 SOUTHLAND STATION DRIVE
City-St-Zip: WARNER ROBINS, GA 31088 US

Title: MGR (X) Change () Addition
Name: SMITH, JANE
Address: 817 BRENTWAY COURT
City-St-Zip: LILBURN, GA 30047 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: C. LEONARD SIMPSON

MGR

02/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date