2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 24, 2008 8:00 am Secretary of State

| 1. Entity Name TOPGUN REAL ESTATE LLC | | | | | | 04-24-2008 | 3 90011 032 *** | 138.75 |
|--|---|---|---|--|--|--|------------------------------------|-------------------------------|
| Principal Place of Business 7358 BRIGHTWATERS COURT NEW PORT RICHEY, FL 34652 US Mailing Address 7358 BRIGHTWATERS COURT NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652 | | | | US | | | A Benji enem (Benji enim 1860) | 0/17/01: 1/2 0 .6 7/ |
| 2. Principal P | lace of Business - No P.O. Box # | 3. Mailing Address | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | Chg-LLC | CR2E083 (12/06 | i) |
| City & State | 0 | City & State | | | 4. FEI Numb | 20- <i>898</i> 7 | 056 | Applied For Not Applicable |
| Zip | Country | Zip | Country | | | e of Status Desired | □ \$5.00 A Fee Requi | |
| | 6. Name and Address of Current | | 7. Name and Address of New Registered Agent | | | | | |
| DUDIUM JOHN T | | | | Name _ | | | | |
| DURKIN, JOHN T 7358 BRIGHTWATERS COURT NEW PORT RICHEY, FL 34652 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | · | | | | |
| · | | | | City FL Zip Code | | | | |
| 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| | | | | | | | | |
| | NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.7 | | | | and the second s | e check payable to a Department of St | | |
| 9. MANAGING MEMBERS/MANAGERS 10. | | | | | | ADDITIONS/ | CHANGES | <u>-</u> - |
| TITLE | | | TITLE | | | | ☐ Change | Addition |
| ` NAME | DURKIN, JOHN T | NAN | | | | | | |
| STREET ADDRESS | 7358 BRIGHTWATERS COURT | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | ADDRESS | | | | |
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| TITLE NAME : | | | TITLE NAME | | | | | |
| STREET ADDRESS | _ | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-S | - 1 | | | | |
| 11. I hereby o | certify that the information supplied with | this filing goes not qualify for | r the exemi | ptions contained | I in Chapter 119 | , Florida Statutes. I fe | urther certify that the in | nformation |
| 11. I hereby certify that the information applied with this filing goes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and adcurate 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 for the receiver or drustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | | | | |