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Secretary of State
01-10-2008 90020 017 ***138.75

1/1

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000053849

1. Entity Name
UNION STREET INVESTMENTS, LLC

30000303

Principal Place of Business	Mailing Address
833 MARCO DRIVE N.E. ST. PETERSBURG, FL 33702	833 MARCO DRIVE N.E. ST. PETERSBURG, FL 33702

01082008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 56-2668694 ☐ 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
OWEN, GEORGE E JR. 833 MARCO DRIVE N.E. ST. PETERSBURG, FL, FL 33702	Name 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (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

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM OWEN, GEORGE E JR. 833 MARCO DRIVE N.E. ST. PETERSBURG, FL 33702	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM OWEN, SUSAN G 833 MARCO DRIVE N.E. ST. PETERSBURG, FL 33702	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM M. Steven Cropper 177 Laurel Lane Ponte Vedra Beach, FL 32082	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM OWEN, DANIEL R 833 MARCO DRIVE N.E. ST. PETERSBURG, FL 33702	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Edward W. Buttner, IV 4237 Salisbury Road, Suite 100, Bldg 1 Jacksonville, FL 32216	☐ 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] GEORGE E. OWEN JR 1/8/08 727-823-9669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #