2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L07000058266 1. Entity Name 501 NORTH LLC 02-08-2008 90097 016 ***138.75 Principal Place of Business Mailing Address 250 MILLER ROAD PO BOX 470618 ORANGE CITY, FL 32763 LAKE MONROE, FL 32747 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052008 Chg-LLC CR2E083 (12/06) Applied For 4. FEI Number City & State City & State 26-0278654 Not Applicable \$5.00 Additional ΖIp Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOORE, JESSE E Street Address (P.O. Box Number is Not Acceptable) 250 MILLER RD ORANGE CITY, FL 32763 City 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 Sonature, typed or priviled name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee w!!! be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR महा Change : Addition TITLE Delete MOORE, JESSE E NAME HAME STREET ADDRESS 250 MILLER RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE CITY, FL 32763 Delete TITLE Addition NAME MALA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change —— ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7P TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: Daytime Phone

FILED

Feb 08, 2008 8:00 am