2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

limited liability company or the receivers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESE

SIGNATURE:

Apr 07, 2008 8:00 am Secretary of State **DOCUMENT # L07000062277** 04-07-2008 90232 011 ***138.75 MARBLE SLAB CREAMERY OF PANAMA CITY SQUARE LLC Principal Place of Business Mailing Address 661 WEST 23RD STREET 661 WEST 23RD STREET 60020440 PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 663-B West 23rd Stree 663-B West 23rd Street Suite, Apt. #, etc. Suite, Apt. #, etc. 03312008 Chg-LLC -CR2E083 (12/06)---City & State City & State 4. FEI Number Applied For Panama C <u>Panama</u> 26-038(223 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 3405 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Geoffreu ENGLISH, GEOFFREY A 661 WEST 23RD STREET PANAMA CITY, FL 32405 Zip Code 8. The above named entity submits this system at 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 rega A English Signature, typed or printed name of registered agent and title if applicable. -FILE NOW!!!-FEE-IS-\$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE Delete MGRM TITLE Change Change ☐ Addition English, Geoffrey A 663-B West 23rd Street ENGLISH, GEOFFREY A NAME NAME STREET ADDRESS 661 WEST 23RD STREET STREET ADDRESS CITY - ST - ZIP PANAMA CITY, FL 32405 Panama City, FL ☐ Delete TITLE TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TIT) F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 receive for tostee empowered to execute this report as required by Chapter 608. Florida Statutes.

FILED