2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 31, 2008 8:00 am Secretary of State **DOCUMENT # L07000070127** 1. Entity Name 03-31-2008 90274 021 ***138.75 THE BURNING DECK LLC Principal Place of Business Mailing Address 15 ROSEWOOD DRIVE 15 ROSEWOOD DRIVE **30381003** DAVENPORT, FL 33837 DAVENPORT, FL 33837 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEt Number X Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UNITED STATES CORPORATION AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 13302 WINDING OAKS BLVD SUITE A-100 TAMPA, FL 33612-3425 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. 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 ADDITIONS/CHANGES 10. 9. TITLE MGRM TITLE Change Addition ☐ Delete BANVILLE, EARLENE F NAME NAME 15 ROSEWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVENPORT, FL 33837 MGRM MLE ☐ Delete TITLE ☐ Change ■ Addition DOUCETTE, WILLIAM T NAME 15 ROSEWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVENPORT, FL 33837 CITY-ST-ZIP MGRM ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME DOUCETTE, KENNETH A NAME STREET ADDRESS 15 ROSEWOOD DRIVE STREET ADDRESS CITY-ST-ZIP DAVENPORT, FL 33837 CITY-ST-ZIP TITLE ☐ Delete ΠΠΕ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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-7IP 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. G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone # Oarte

FILED