2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jan 14, 2008 8:00 am Secretary of State **DOCUMENT #L07000085997** 01-14-2008 90040 001 ***143.75 1. Entity Name GAB CONSULTING, LLC Mailing Address Principal Place of Business 3745 ARROWHEAD DRIVE 3745 ARROWHEAD DRIVE SAINT AUGUSTINE, FL 32086 SAINT AUGUSTINE, FL 32086 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 33-1178200 Not Applicable Ζip Country 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 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 Signature, typed or priviled name of registered agent and spe if appacable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$130.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM MLE TITLE ☐ Addition Delete Change NAME BROUNTAS, JOHN N NAME STREET ADDRESS 3745 ARROWHEAD DRIVE STREET ADDRESS SAINT AUGUSTINE, FL 32086 CITY-ST-ZIP CITY-ST-ZIP MGRM MLE Delete ☐ Addition TITLE ☐ Change BROUNTAS, GAIL A NAME NAME STREET ADDRESS 3745 ARROWHEAD DRIVE STREET ADDRESS CITY-ST-ZIP SAINT AUGUSTINE, FL 32086 CITY-ST-ZIP TITLE ☐ Delete Chance M Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-7/P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 1M F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 11. I hereby certify that the information supplied with this filling 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED