2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED May 27, 2008 8:00 am Secretary of State

DOCUMENT # L07000095018	

05-27-2008 90372 007 ***143.75 1. Entity Name P3T, LLC Mailing Address Principal Place of Business 50005944 121 ORCHIS RD 121 ORCHIS RD ST AUGUSTINE, FL 32086 ST AUGUSTINE, FL 32086 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05212008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 26-09*04564* Not Applicab 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 CATHCART, BRUCE D MPT Street Address (P.O. Box Number is Not Acceptable) 121 ORCHIS RD ST AUGUSTINE, FL 32086 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 age SIGNATURE FILE NOW!!! FEE IS \$138.75 Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited Due by September 12, 2008 liability company did not receive the prior notice. Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE TITLE ☐ Defete ☐ Change Addition CATHCART, BRUCE D MPT NAME NAME STREET ADDRESS 121 ORCHIS RD STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE, FL 32086 CITY-ST-ZIP TITLE ☐ Delete MILE ☐ Additic ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TIFLE ☐ Change ☐ Additic NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Additic TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Additic NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Additi(TITLE TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP