


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90108 029 ***138.75

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| DOCUMENT # L07000095822 |  |
| 1. Entity Name THE RECORD CENTER, LLC | |

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| Principal Place of Business 3991 W. GULF TO LAKE HIGHWAY LECANTO, FL 34461 | Mailing Address 20 SOUTH BROAD STREET BROOKSVILLE, FL 34601 |
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50003296

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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address P.O. Box 1388 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State LECANTO, FL | City & State LECANTO, FL |
| Zip 34460 | Country USA |



04102008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 51-0648439 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

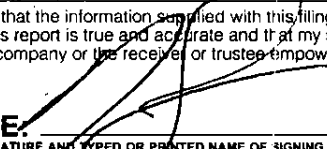
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| 6. Name and Address of Current Registered Agent |
| THE HOGAN LAW FIRM 20 SOUTH BROAD STREET BROOKSVILLE, FL 34601 |

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| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State FL Zip Code |

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| 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) |
| DATE |

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HAAG, DANIEL 4601 W. OLD CITRUS ROAD LECANTO, FL 34461 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Daniel Haag 4-10-2008 352-746-9807 Date Daytime Phone # |