20G8 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 16, 2008 8:00 am Secretary of State **DOCUMENT # L07000102188** 04-04-2008 90135 021 ***138.75 AL MOULTON PROPERTIES, LLC. Mailing Address Principal Place of Business 30006565 221 SE SANCHEZ 221 SE SANCHEZ OCALA, FL 34471 OCALA, FL 34471 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 03272008 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State **⋧७-०**8857 Not Applicable Country Country Zip Zip \$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 Name MOULTON, ALLEN Street Address (P.O. Box Number is Not Acceptable) 221 SE SANCHEZ OCALA, FL 34471 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 FILE NOW!!! FEE IS \$138.75 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 TITLE TITLE ☐ Change ☐ Addition MOULTON, ALLEN NAME NAME 221 SE SANCHEZ STREÈT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34471 Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 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 AND TYPED OR PRINTED NAME OF BIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #