2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Apr 23, 2008 8:00 am Secretary of State DOCUMENT # L07000108966 04-23-2008 90124 014 ***138.75 1. Entity Name D&B-LEARMONT, LLC Principal Place of Business Mailing Address 8755 SOUTHERN BREEZE DRIVE 8755 SOUTHERN BREEZE DRIVE ORLANDO, FL 32836 US ORLANDO, FL 32836 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JONES, MICHAEL B 7601 DELLA DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 19 ORLANDO, FL 32819 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 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 10. MGR TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition ROBER D. BERRY NAME BERRY, VICTORIA 8755 SOUTHERN BREEZE DEIVE STREET ADDRESS 8755 SOUTHERN BREEZE DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32836 ORLANDO, FL CITY-ST-ZIP 32836 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appraise 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 repetiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.