2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Jul 18, 2008 8:00 am Secretary of State **DOCUMENT # L07000114789** 07-18-2008 90050 007 ***138 75 TERRY BALLARD S & R, LLC Principal Place of Business Mailing Address 212 N. MADISON AVENUE 212 N. MADISON AVENUE CLEARWATER, FL 33765 CLEARWATER, FL 33765 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07082008 Chg-LLC CR2E083 (12/06) 4. FEI Number 36-4620290 Applied For City & State City & State Not Applicable 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 BALLARD, TERRY Street Address (P.O. Box Number is Not Acceptable) 212 N. MADISON AVENUE CLEARWATER, FL 33765 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 (NOTE: Registered Agent Stateture required when reinstating) FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM ☐ Delete TITLE ☐ Change ☐ Addition TITI F BALLARD, TERRY NAME NAME STREET ADDRESS STREET ADDRESS 212 N. MADISON AVENUE CITY-ST-ZIP CLEARWATER, FL 33765 CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE □ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME 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 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 of diustee employered to execute this report as jequired by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED