2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State **DOCUMENT # L07000118114** 1. Entity Name NEST PROPERTIES LLC 04-28-2008 90036 022 ***138.75 Principal Place of Business Mailing Address 2066 HOLLY OAKS RIVER DRIVE PO BOX 351209 30000010 JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32235 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, atc. Suite, Apt. #, etc. 03102008 Chg-LLC CR2E083 (12/06) City & State City & State Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent OUREDNIK, KAREL IV, ESQ OUREDNIK LAW OFFICES, P.A. 317 4TH AVENUE NORTH JACKSONVILLE BEACH, FL 32250 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 tide if applicable. 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 10. ADDITIONS/CHANGES Manager David Depper 2016 Holy Oaks River Drive IIILE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-719 CITY-ST-7IP TITLE Delete MLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE Delete TITLE Channe ☐ Addition NAME KALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-57-20 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 eath; 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. 3/10/08 SIGNATURE: O MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Jun 03, 2008 8:00 am