2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 02, 2008 8:00 am Secretary of State **DOCUMENT # L07000123585** 03-28-2008 90173 001 ***138.75 1. Entity Name OUT OF FOCUS, LLC Principal Place of Business Mailing Address 1750 MARSTON PLACE 1750 MARSTON PLACE 30005629 TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202008 CR2E083 (12/06) Chg-LLC 4. FEI Number City & State Applied For City & State 61-1553141 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired: 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICKER, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 1750 MARSTON PLACE TALLAHASSEE, FL 32308 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 ___ FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS TITLE MGRM TITLE ☐ Change ☐ Addition RICKER, ROBERT L NAME NAME 1750 MARSTON PLACE STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32308 CITY-ST-ZIP CITY-ST-ZIP TTLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7P ☐ Channe ☐ Addition Delete NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TIME TILLE NUE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY.ST. 7P TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-57-77 CITY-\$1-ZIP 11. I hereby certify that the information supplied with this filling 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. 3/26/08 Daytime Phone 6