2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# L08000066895

Entity Name: SALT SPRINGS LAUNDRY LLC

Current Principal Place of Business:

14100 N HWY 19
SUITE 19
SALT SPRINGS, FL 32134

New Principal Place of Business:

14100 N HWY 19
SUITE I
SALT SPRINGS, FL 32134

Current Mailing Address:

14100 N HWY 19
SUITE 19
SALT SPRINGS, FL 32134

New Mailing Address:

14100 N HWY 19
SUITE I
SALT SPRINGS, FL 32134

FEI Number: 26-2976785 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EARNEST, JEFFREY
14100 N HWY 19
SUITE 19
SALT SPRINGS, FL 32134 US

Name and Address of New Registered Agent:

EARNEST, JEFFREY
14100 N HWY 19
SUITE I
SALT SPRINGS, FL 32134 US

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.

SIGNATURE: _____ 04/13/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: EARNEST, JEFFREY
Address: 16172 SE 156TH PLACE RD
City-St-Zip: WEIRSDALE, FL 32195

Title: MGRM ( ) Delete
Name: GRADDY, KELLY ANN
Address: 550 SE 150TH STREET
City-St-Zip: SUMMERFIELD, FL 34491

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: GRADDY, KELLY
Address: 550 SE 150TH STREET
City-St-Zip: SUMMERFIELD, FL 34491

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFFREY N EARNEST MGRM 04/13/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date