2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2009
Secretary of State

DOCUMENT# L08000103409

Entity Name: TROY OWEN FUNK LLC

Current Principal Place of Business:

5411 UNIVERSITY PARKWAY
UNIVERSITY PARK, FL 34201

New Principal Place of Business:

665 S ORANGE AVE.
2
SARASOTA, FL 34236

Current Mailing Address:

PO BOX 51804
SARASOTA, FL 34232

New Mailing Address:

PO BOX 51899
SARASOTA, FL 34232

FEI Number: 26-3732213 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FUNK, TROY
5411 UNIVERSITY PARKWAY
UNIVERSITY PARK, FL 34201 US

Name and Address of New Registered Agent:

FUNK, TROY
665 S ORANGE AVENUE
2
SARASOTA, FL 34236 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: _____ 07/13/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FUNK, TROY
Address: 5411 UNIVERSITY PARKWAY
City-St-Zip: UNIVERSITY PARK, FL 34201

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FUNK, TROY
Address: 665 S ORANGE AVENUE #2
City-St-Zip: SARASOTA, FL 34236

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: TROY O. FUNK MGRM 07/13/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date