2008 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Jan 16, 2008 08:00 AN **DOCUMENT # L99000001744 Secretary of State** 1. Entity Name PENDLTON INVESTMENTS, LIMITED COMPANY Principal Place of Business Mailing Address 325 BAYSHORE BLVD. SOUTH 325 BAYSHORE BLVD. SOUTH SAFETY HARBOR, FL 34695 SAFETY HARBOR, FL 34695 01142008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1021930 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MIDDLETON, BRUCE DO NOT WRITE 325 BAYSHORE BLVD. SOUTH SAFETY HARBOR, FL 34695 IN THIS SPACE 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 title if applicable (NOTE: Registered Agent aignature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITTE PENDOLA, PATRICK NAME STREET ADDRESS 325 BAYSHORE BLVD. SOUTH CITY-ST-ZIP SAFETY HARBOR, FL 34695 U00000786645 MGRM 01/17/08-80050-002 138.75 Tett F MIDDLETON, BRUCE NAME STREET ADDRESS 2198 LOUISA DR CITY-ST-ZIP **BELLEAIR BEACH, FL 33786** TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ME OF BIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP