FILED Jul 30, 2007 8:00 am Secretary of State

| ANNUAL REPORT | NI |
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| DOCUMENT #1 9900005867 | |

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| 5000 MORBILE HIGHWAY SUITE S PENSACOLA, FL 32506 2. PRINCIPLE PROCEDURE - 15 - 15 - 15 - 15 - 15 - 15 - 15 - 1 | 1. Entity Name | | | | 07-30-200 | 7 90028 010 ****5 | 50.00 | |
| Suite, Apl. 4, etc. City & State | 5000 MOBILE HIGHWAY SUITE 5 5000 MOBILE HIGHWAY S | | SUITE 5 | 60 | 53741 | | | |
| Suite, Apl. 4, etc. City & State | | | | | | i fili ë ibili boin bon d | | 11 KI 111 |
| City & State Country Country Country Country Street Address of Status Desired Status Desired State Desi | | | 3. Mailing Address | | | | | |
| Zip Country Zip Country Sip Co | Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 07172007 | Chg-LLC | CR2E083 (12/06) | |
| S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COODWIN, MAXINE J HebiSONTDRIVE Soon Mobile Hay SUITES | City & State | 9 | City & State | | 1 | | <u> </u> | |
| GOODWIN, MAXINE J 1+EPISON TRIVE | Zip | Country | Zip | Country | 5. Certificate | of Status Desired | | |
| Street Address (P.O. Box Number is Not Acceptable) | | 6. Name and Address of Current F |] | | 7. Name and | Address of New I | | |
| SITERT ADDRESS OTTY-ST-2P TITE NAME SITERT ADDRESS OTTY-ST-2P TITE | | | | Name | · · · · · · · · · · · · · · · · · · · | | - | |
| City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliaer with, and accept the obligations of registered agent. SIGNATURE Symally Speak or protect name of registered agent and title if applicable. NOTE Registered Agent signature request when remaining) OATE | 1 1 EDISO I | TURIVE 5000 MODILE | | Street Address | (P.O. Box Numb | er is Not Acceptabl | le) | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. I agent from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida Statutes. I further certify that the information of the purpose of the purpose of the state of Florida Statutes. I further certify that the information of the purpose o | PENSACO | 3250 | Q | | | | | |
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| Filling Fee is \$50.00 Nake check payable to Florida Department of State Make check payable to Florida Department of State Make check payable to Florida Department of State 10. ADDITIONS/CHANGES NAME GOODWIN, MAXINE J MGRM GOODWIN, MAXINE J MGRM 11ILE NAME SIREH ADDRESS CITY-S1-2P PENSACOLA, FL 32505- 3 2 5 06 TITLE NAME SIREH ADDRESS CITY-S1-2P TITLE NAME SIREH ADDRESS C | | | the purpose of changing its re | gistered office or regist | ered agent, or bo | th, in the State of FI | orida. I am familiar with, | and accept |
| ### Pilling Fee is \$50.00 Due by September 14, 2007 Delete | SIGNATURE . | Signature, typed or printed name of registered agent a | nd title if applicable. (NOTE: R | sgistered Agent signature reguli | ed when reinstating) | - | DATE | |
| 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGR GOODWIN, MAXINE J MGRM 14-EDISION DRIVE 5000 Mobile Hay 5185 STREET ADDRESS CITY-ST-2IP TITLE MAKE STREET A | | | 1 | | y , | | | |
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limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.