2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Apr 23, 2007 08:00 A Secretary of State **DOCUMENT # L99000006805** SCHIRARD FAMILY, L.L.C. Principal Place of Business Mailing Address 150 GRAVES ROAD P.O. BOX 2667 FORT PIERCE, FL 34945 FT. PIERCE, FL 34954 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEL Number 65-0954164 Not Applicable Zip \$5.00 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHIRARD, J BRANTLEY Street Address (P.O. Box Number is Not Acceptable) 1108 TRINIDAD AVE FORT PIERCE, FL 34982 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM U00000724051 Change TITLE Delete TITLE Addition SCHIRARD, J. BRANTLEY NAME NAME 05/02/07-80095-024 50.00 1108 TRINIDAD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL 34982 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Delete TITLE ☐ Addition NAME NAME **STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-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.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

772-466-0112