2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State 01-09-2008 90041 007 ***138.75 DOCUMENT # L99000007012 1. Entity Name J. D. MULHOLLAND, L.L.C. Principal Place of Business Mailing Address 60000557 1115 SW 81ST DRIVE 1115 SW 81ST DRIVE GAINESVILLE, FL 32607 GAINESVILLE, FL 32607 01032008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3605591 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MULHOLLAND, J.D. DO NOT WRITE **1115 SW 81ST DRIVE** GAINESVILLE, FL 32607 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 signature required when reinstating) FILE NOW!!! FEE 18 \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. TITLE MGR MULHOLLAND, J. D. NAME STREET ADORESS 1115 SW 81ST DRIVE CITY-ST-ZIP GAINESVILLE, FL 32607 TITLE SECKETHILL MULHOCLAND E.M. NAME STREET ADDRESS 1115 SW 8 IST DRIVE CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-\$T-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7IP

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FILED Jan 09, 2008 8:00 am