2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 07, 2008 8:00 am
Secretary of State
04-07-2008 90233 017 ***138.75

600270484

03182008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L99000008711

1. Entity Name
TATUM HOLDINGS, LLC

Principal Place of Business	Mailing Address
1607 ML KING ST N SUITE A ST PETERSBURG, FL 33704 US	1607 ML KING ST N SUITE A ST PETERSBURG, FL 33704 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3618893 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TATUM III, OSCAR H 1607 ML KING ST N SUITE A ST PETERSBURG, FL 33704	Name: Henry A. Stein, Esq. Street Address (P.O. Box Number is Not Acceptable): The Stein Law Group, P.A. 1607 DR ML King Jr St No., Suite A City: Saint Petersburg FL Zip Code: 33704

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 _____ 4/4/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSCAR HILT TATUM III 1607 DR ML KING ST N SUITE A ST PETERSBURG, FL 33704 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

Henry A. Stein

SIGNATURE: _____ 4-4-08 727-894-4333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #