2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002295

ONE ARMSTRONG PLACE

BUTLER, PA 16001

Address:

City-St-Zip:

Entity Name: AG ARMSTRONG DEVELOPMENT LLC

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13801 NORTH DALE MABRY HWY., STE. 200 TAMPA, FL 33618 **Current Mailing Address: New Mailing Address:** ONE ARMSTRONG PLACE BUTLER, PA 16001 FEI Number: 59-3746095 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DRIVE, SUITE 4 WESTON, FL 33331 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete GOINS, ALLEN Name: Name: 13801 NORTH DALE MABRY HWY., STE. 200 Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: Title: MGR Title: MGRM (X) Change () Addition () Delete BALDWIN, W GREGG Name: ARMSTRONG SUNSHINE,, LLC Name: Address: BIRMINGHAM TOWERS, 2100 WHARTON STREET Address: BIRMINGHAM TOWERS, 2100 WHARTON STREET City-St-Zip: PITTSBURGH, PA 15203 City-St-Zip: PITTSBURGH, PA 15203 Title: MGR () Delete Title: () Change () Addition CAMPBELL, KIRBY J Name: Name: ONE ARMSTRONG PLACE Address: Address: City-St-Zip: **BUTLER, PA 16001** City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: CIPOLETTI, BRYAN Name: Address: ONE ARMSTRONG PLACE Address: City-St-Zip: **BUTLER, PA 16001** City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition JAMIESON, DAVID R SEDWICK, DRU A Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

ONE ARMSTRONG PLACE

BUTLER, PA 16001

SIGNATURE: DRU A. SEDWICK MGR 04/30/2008