2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

SIGNATURE:

FILED Apr 10, 2008 08:00 Al Secretary of State DOCUMENT # M02000001431 1. Entity Name WHITE CAPS G LLC Principal Place of Susiness Mailing Address 2838 BUTLER ROAD 2838 BUTLER ROAD MEADOW RUN MEADOW RUN GLYNDON MD 21071 **GLYNDON MD 21071** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 21-6424352 Not Applicable Zφ Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Z₄p 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, expedial printed name of registered agent and the Teap vasce (NOTE Registered Agent's grature 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 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES тате Change Addition ☐ Delete TITLE NAME GRISWOLD, BENJAMIN H IV NAME U000000890675 STREET ADDRESS 2838 BUTLER ROAD STREET ADDRESS 04/22/08-80102-010 138.75 CITY-ST-ZIP GLYNDON MD 21071 CITY-ST-Z:P "ITLE ☐ Defete TITLE Change ☐ Addition LAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZP THLE ☐ Delete HILL Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZiF TITLE ☐ Delete TITLE Change Addition HAME t AME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2:P TITLE ☐ Lielete TITLE Change Addition HAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CiTY- ST-Z中 Delote Change Addition STREET ADDRESS STREET ADDRESS (JTY ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path; 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.

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Daytine Pinale #

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