## 2008 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT DOCUMENT # M05000003239** 1. Entity Name **FILED** TOP HAT, LLC Jul 10, 2008 08:00 AM **Secretary of State** Principal Place of Business Mailing Address 10908 NE 45TH STREET 10908 NE 45TH STREET KIRKLAND, WA 98033 KIRKLAND, WA 98033 07052008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 91-2175336 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent STADLER, RICHARD E DO NOT WRITE **1820 GARDEN STREET** TITUSVILLE, FL 32796 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) UUUUUUU954**9**90 07/10/98-80012-018 138.75 FILE NOW!!! FEE IS \$138.75 in accordance with s. 607.193(2)(b), F.S., the limited Due by September 12, 2008 liability company did not receive the prior notice. MANAGING MEMBERS/MANAGERS TITI F MGR GLINES, DENNIS L NAME STREET ADDRESS **10908 NE 45TH STREET** CITY-ST-ZIP KIRKLAND, WA 98033 TITE NAME STREET ADDRESS CITY-ST-ZIP IIII F NAME STREET ADDRESS DO NOTWRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CATY-ST-ZAP

Dennis L. Glines