2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# M06000006048

Entity Name: N/T FLORIDA LAKELAND, LLC

Current Principal Place of Business:

330 SHOUP AVENUE, THIRD FLOOR
IDAHO FALLS, ID 83402

New Principal Place of Business:

901 PIER VIEW DRIVE
SUITE 201
IDAHO FALLS, ID 83402

Current Mailing Address:

PO BOX 51298
IDAHO FALLS, ID 83405

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARK, AL M
933 LEE ROAD, SUITE 400
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

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:

Title: MGR ( ) Delete
Name: LIDDIARD, CORTNEY R
Address: 330 SHOUP AVENUE, THIRD FLOOR
City-St-Zip: IDAHO FALLS, ID 83402

Title: MGR ( ) Delete
Name: COREY, WENDELL W
Address: 825 SOUTH TAFT AVENUE
City-St-Zip: MASON CITY, IA 50401

Title: MGR ( ) Delete
Name: DECOURSEY, DAVID A
Address: 428 SOUTH 75 WEST
City-St-Zip: FARMINGTON, UT 84025

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CORTNEY LIDDIARD MGR 04/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date