2nd NOTICE: **Limited Liability Company Will Be Dissolved On Or After August 23, 1995. If Dissolved, Minimum Amount Due To Reinstate: $738.75**

APPROVED AND FILED
95 JUL -6 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE $ 263.75 | Annual Report $100.00 + $138.75 Corporation Supplemental Fee + $25.00 LATE FEE | Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT #M94000000178
MITCHELL FAMILY INTERESTS, L.L.C., LIMITED COMPANY
5258 DIJON DRIVE
BATON ROUGE LA 70808

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

1a. Principal Place of Business Address
5258 DIJON DRIVE
BATON ROUGE LA 70808

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

2a. Principal Place of Business
Same
Suite, Apt. #, etc.
City & State
Zip | Country

3. Date Organized or Qualified: 12/21/1994
3a. State of Formation: LA
4. FEI Number: 72-1256736 ☐ Applied For ☐ Not Applicable
5. Date of Last Report: None
6. Certificate of Status Desired $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND BLVD
PLANTATION FL 33324

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City | FL | Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MITCHELL, CHARLES F II	5258 DIJON DRIVE	BATON ROUGE LA

100001583101
-07/10/95--01021--001
****263.75 ****263.75

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11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Charles F. Mitchell, Managing Director (504) 769-1090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INITIAL REPORT (4-95)