2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 11, 2007 8:00 am Secretary of State **DOCUMENT # P94000070047** 04-11-2007 90031 003 ***150.00 770 TAMALPAIS DRIVE INC. 40056798 Principal Place of Business Mailing Address 1801 HERMITAGE BLVD. 1801 HERMITAGE BLVD. SUITE 600 SUITE 600 TALLAHASSEE, FL 32308 US TALLAHASSEE, FL 32308 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03212007 Chg-P City & State City & State 4. FEI Number Applied For 59-3303793 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip 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. I arm familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition WARRIOR, DEXTER B NAME NAME STREET ADDRESS 3424 PEACHTREE ROAD NE #800 STREET ADDRESS CITY+ST-ZIP ATLANTA, GA 30326 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NEWMARK, DEBBIE J NAME NAME STREET ADDRESS 3424 PEACHTREE ROAD NE #800 STREET ADDRESS CITY-ST-7IP ATLANTA, GA 30326 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LATHEM, LORI Q NAME NAME STREET ADDRESS 3424 PEACHTREE ROAD NE #800 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP TITLE DVAS ☐ Delete TITLE Change ☐ Addition SMITH, JEFFREY L NAME STREET ADDRESS 1801 HERMITAGE BLVD. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BENNETT, DOUGLAS W NAME STREET ADDRESS 1801 HERMITAGE BLVD #600 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP ☐ Delete ☐ Change **D**Addition TITLE TITLE NAME FONG, ARTLYN NAME 生 220 555 CALIFORNIA STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO, CA 94104 CITY-ST-ZIP trancisco. 12. Thereby 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

Daytime Phone #