

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044806

FILED
Feb 16, 2008
Secretary of State

Entity Name: BERGER, TOOMBS, ELAM, GAINES & FRANK CERTIFIED PUBLIC ACCOUNTANTS, PL

Current Principal Place of Business:

600 CITRUS AVE.
SUITE 200
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

600 CITRUS AVE.
SUITE 200
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 20-1277979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERGER, TOOMBS, ELAM & FRANK CPA'S
111 ORANGE AVENUE
SUITE 300
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

BERGER, TOOMBS, ELAM & FRANK CPA'S
600 CITRUS AVENUE
SUITE 200
FORT PIERCE, FL 34950 US

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: _____ 02/16/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BERGER, TOOMBS, ELAM, & FRANK CPA'S CHARTER
Address: 600 CITRUS AVE. SUITE 200
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES:

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

Title: MGRM () Delete
Name: J.W. GAINES & ASSOCI, ATES CHARTERED
Address: 600 CITRUS AVE. SUITE 200
City-St-Zip: FORT PIERCE, FL 34950

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: NORMAN TOOMBS DIR 02/16/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date