

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078711

Entity Name: 101 GETTYSBURG, LLC

FILED
Jan 24, 2008
Secretary of State

Current Principal Place of Business:

104 CRANDON BLVD.
SUITE #315
KEY BISCAYNE, FL 33149

New Principal Place of Business:

22 CRANDON BLV
KEY BISCAYNE, FL 33149

Current Mailing Address:

104 CRANDON BLVD.
SUITE #315
KEY BISCAYNE, FL 33149

New Mailing Address:

P.O. BOX 490315
KEY BISCAYNE, FL 33149

FEI Number: 20-1907308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OROZCO, GINETTE
527 BAY LANE
KEY BISCAYNE, FL 34149 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: MGRM () Delete
Name: LIEVANO, ISABEL
Address: 104 CRANDON BLVD., SUITE 315
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM () Delete
Name: OROZCO, GINETTE
Address: 104 CRANDON BLVD., SUITE 315
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LIEVANO, ISABEL
Address: 527 BAY LANE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM (X) Change () Addition
Name: OROZCO, GINETTE
Address: 527 BAY LANE
City-St-Zip: KEY BISCAYNE, FL 33149

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: GINETTE OROZCO

MGRM

01/24/2008

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