2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000019189

1. Entity Name
11TH HOUR BUSINESS CENTERS, LLC

Principal Place of Business	Mailing Address
7803 SOUTHLAND BLVD SUITE 203 ORLANDO, FL 32809	7803 SOUTHLAND BLVD SUITE 203 ORLANDO, FL 32809

DO NOT WRITE IN THIS SPACE

01212008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-2394486
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HUTCHINS, ROBERT J
1515 INTERNATIONAL PARKWAY, SUITE 2001
LAKE MARY, FL 32746

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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 am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000837464
03/04/08-80058-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	WRIGHT, BRANNON W P
STREET ADDRESS	368 HAMMOCK DUNES PLACE
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	VP
NAME	KUYKENDALL, CHERYL R VP
STREET ADDRESS	707 IRONWOOD CT
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: Cheryl Kuykendall 2/6/08 407-850-0708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #