

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088267

FILED
Jan 23, 2008
Secretary of State

Entity Name: 327 LLC

Current Principal Place of Business:

P O BOX 55
LAKE WORTH, FL 33460 US

New Principal Place of Business:

327 NORTH L STREET
LAKE WORTH, FL 33460 US

Current Mailing Address:

P O BOX 55
LAKE WORTH, FL 33460 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MAC MAHON, DERMOT P
1860 FOREST HILL BOULEVARD
SUITE 105
WEST PALM BEACH, FL 33406 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: JONES, THOMAS L
Address: P.O. BOX 55
City-St-Zip: LAKE WORTH, FL 33460 US

Title: MGRM () Delete
Name: SMITH-JONES, KATHIE J
Address: P. O. BOX 55
City-St-Zip: LAKE WORTH, FL 33460 US

ADDITIONS/CHANGES:

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

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: THOMAS L. JONES

MGRM

01/23/2008

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