

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Oct 26, 2009  
Secretary of State**

DOCUMENT# L06000010460

Entity Name: THE OTHER WAY ENTERPRISES, LLC

**Current Principal Place of Business:**

15439 27TH CT E  
PARRISH, FL 34219

**New Principal Place of Business:**

**Current Mailing Address:**

15439 27TH CT E  
PARRISH, FL 34219

**New Mailing Address:**

FEI Number: 20-4217897      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEEBLES & MORIARTY, P.A.  
1111 3RD AVENUE WEST  
SUITE 210  
BRADENTON, FL 34205 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: PRES ( ) Delete  
Name: CAMPBELL, LEIGHTON O  
Address: 15439 27TH CT E  
City-St-Zip: PARRISH, FL 34219

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: VP ( ) Change (X) Addition  
Name: CAMPBELL, CHRISTINA I  
Address: 15439 27TH CT E  
City-St-Zip: PARRISH, FL 34219

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: LEIGHTON CAMPBELL      PRES      10/26/2009

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