


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L06000042870

1. Entity Name
 110%, LLC



Principal Place of Business 1923 ROTHBURY DRIVE JACKSONVILLE, FL 32221	Mailing Address 1923 ROTHBURY DRIVE JACKSONVILLE, FL 32221
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04232008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4802924	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WHEELER, PETE
 1923 ROTHBURY DRIVE
 JACKSONVILLE, FL 32221

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

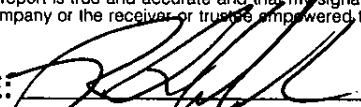
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHEELER, PETE 1923 ROTHBURY DRIVE JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUENING, JOHN W 1923 ROTHBURY DRIVE JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUENING, JOHN E 1923 ROTHBURY DRIVE JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARRIS, BILL L 1923 ROTHBURY DRIVE JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

00000921481
 05/15/08-80008-013 138.75

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:  **Date:** 4/23/08 **Daytime Phone #:** 904/7839393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE