

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068938

**FILED**  
**Jan 16, 2009**  
**Secretary of State**

**Entity Name:** MARCH 1988, LLC

**Current Principal Place of Business:**

1349 W. OLIVE STREET  
LAKELAND, FL 33815 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 24357  
LAKELAND, FL 33802 US

**New Mailing Address:**

**FEI Number:** 20-5197962

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILKEY, CARL D  
160 S. PENN AVENUE  
LAKE ALFRED, FL 33850 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: WILKEY, CARL D  
Address: 160 S. PENN AVENUE  
City-St-Zip: LAKE ALFRED, FL 33850 US

Title: MGRM ( ) Delete  
Name: ODOM, OWEN E  
Address: 5212 STONE OAK DRIVE  
City-St-Zip: LAKELAND, FL 33811 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: CARL WILKEY

MGM

01/16/2009

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