

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000097264

Entity Name: 192 CLUSTER, LLC

FILED
Mar 13, 2009
Secretary of State

Current Principal Place of Business:

3904 ST. ANDREWS LOOP WEST
MOBILE, AL 36693

New Principal Place of Business:

3904 ST. ANDREWS LOOP WEST
MOBILE, AL 36693 US

Current Mailing Address:

3904 ST. ANDREWS LOOP WEST
MOBILE, AL 36693

New Mailing Address:

3904 ST. ANDREWS LOOP WEST
MOBILE, AL 36693 US

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

Name and Address of Current Registered Agent:

COHN, ALAN B
100 WEST CYPRESS CREEK ROAD, STE 700
FT. LAUDERDALE, FL 33309 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: MGR () Delete
Name: MAYBERRY, MARCIA
Address: 3904 ST. ANDREWS LOOP WEST
City-St-Zip: MOBILE, AL 36693

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MAYBERRY, MARCIA
Address: 3904 ST. ANDREWS LOOP WEST
City-St-Zip: MOBILE, AL 36693 US

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: MARCIA MAYBERRY

MGR

03/13/2009

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