

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001529

FILED  
Apr 03, 2008  
Secretary of State

Entity Name: ISOBUNKERS, L.L.C.

**Current Principal Place of Business:**

5353 E PRINCESS ANNE ROAD STE F  
NORFOLK, VA 23502

**New Principal Place of Business:**

5353 E PRINCESS ANNE ROAD STE F  
STE F  
NORFOLK, VA 23502

**Current Mailing Address:**

5353 E PRINCESS ANNE ROAD STE F  
NORFOLK, VA 23502

**New Mailing Address:**

5353 E PRINCESS ANNE ROAD STE F  
STE F  
NORFOLK, VA 23502

FEI Number: 54-1905248

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BLANTON, EDWIN F  
810 THOMASVILLE ROAD  
TALLAHASSEE, FL 32303 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: POWELL, ROBERT G  
Address: 5353 E PRINCESS ANNE ROAD STE E  
City-St-Zip: NORFOLK, VA 23502

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

**ADDITIONS/CHANGES:**

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

Title: MR. ( ) Change (X) Addition  
Name: LIPKIN, MATTHEW H VP  
Address: 5353 E. PRINCESS ANNE ROAD  
City-St-Zip: NORFOLK, VA 23502

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: ROBERT G. POWELL

PRES

04/03/2008

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