

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000156

Entity Name: 8770 MIDNIGHT PASS, LLC

FILED
Jan 18, 2008
Secretary of State

Current Principal Place of Business:

8764 MIDNIGHT PASS
A-401
SARASOTA, FL 34242 US

New Principal Place of Business:

Current Mailing Address:

3681 FOLLY QUARTER RD
ELLCOTT CITY, MD 21042 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HYMAN, LAWRENCE
8764 MIDNIGHT PASS
A-401
SARASOTA, FL 34242 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: M () Delete
Name: HYMAN, LAWRENCE R
Address: 3681 FOLLY QUARTER RD
City-St-Zip: ELLCOTT CITY, MD 21042

Title: M () Delete
Name: HYMAN, LOIS W
Address: 3681 FOLLY QUARTER RD
City-St-Zip: ELLCOTT CITY, MD 21042

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: LAWRENCE R. HYMAN

M

01/18/2008

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