2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L08000104764

Entity Name: TRAINING DAYS LLC

Current Principal Place of Business:

3491 THURLOE DRIVE
ROCKLEDGE, FL 32955

New Principal Place of Business:

2300 JUDGE FRAN JAMIE WAYSON
VIERA, FL 32940

Current Mailing Address:

3491 THURLOE DRIVE
ROCKLEDGE, FL 32955

New Mailing Address:

5731 RUSACK DR
MELBOURNE, FL 32940

FEI Number: 26-3750162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, RON
3491 THURLOE DRIVE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

DAVIS, RON
5731 RUSACK DR
MELBOURNE, FL 32940 US

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: _____ 04/23/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DAVIS, RON
Address: 3491 THURLOE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGRM ( ) Delete
Name: RICHARDSON, DONALD
Address: 3491 THURLOE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DAVIS, RON
Address: 5731 RUSACK DR
City-St-Zip: MELBOURNE, FL 32940

Title: MGRM (X) Change ( ) Addition
Name: RICHARDSON, DONALD
Address: 5731 RUSACK DR
City-St-Zip: MELBOURNE, FL 32940

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: RONALD DAVIS MGRM 04/23/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date