

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062319

FILED
Apr 28, 2009
Secretary of State

Entity Name: 246 N. BROOKS CIRCLE, LLC

Current Principal Place of Business:

246 N. BROOKS CIRCLE
OAK HILL, FL 32759 US

New Principal Place of Business:

Current Mailing Address:

246 N. BROOKS CIRCLE
OAK HILL, FL 32759 US

New Mailing Address:

10602 CHAMBERS DRIVE
TAMPA, FL 33626 US

FEI Number: 71-1008034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIMSTE, CHRISTY H
246 N. BROOKS CIRCLE
OAK HILL, FL 32759 US

Name and Address of New Registered Agent:

GRIMSTE, CHRISTY H
10602 CHAMBERS DRIVE
TAMPA, FL 33626 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: CHRISTY H. GRIMSTE

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GRIMSTE, ROBERT T JR
Address: 246 N. BROOKS CIRCLE
City-St-Zip: OAK HILL, FL 32759 US

Title: MGR () Delete
Name: GRIMSTE, CHRISTY H
Address: 246 N. BROOKS CIRCLE
City-St-Zip: OAK HILL, FL 32759 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GRIMSTE, ROBERT T JR
Address: 10602 CHAMBERS DRIVE
City-St-Zip: TAMPA, FL 33626 US

Title: MGR (X) Change () Addition
Name: GRIMSTE, CHRISTY H
Address: 10602 CHAMBERS DRIVE
City-St-Zip: TAMPA, FL 33626 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: CHRISTY H. GRIMSTE

MGR

04/28/2009

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