2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# L00000003203

Entity Name: WAYPOINTS, LLC

Current Principal Place of Business:

8073 OLD TRAMWAY DR
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

8073 OLD TRAMWAY DR
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 65-1000314 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: WIKLENDT, LARRAINE D
Address: 8073 OLD TRAM WAY DR
City-St-Zip: MELBOURNE, FL 32940

Title: MGR ( ) Delete
Name: WIKLENDT, BERNARD J
Address: 8073 OLD TRAM WAY DR
City-St-Zip: MELBOURNE, FL 32940

Title: MGRM (X) Delete
Name: WILLIAMS, JERRY P JR
Address: 3122 MARKBREIT AVE
City-St-Zip: CINCINNATI, OH 45209

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: WILLIAMS, JERRY P JR.
Address: 3122 MARKBREIT AVENUE
City-St-Zip: CINCINNATI, OH 45209

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: LARRAINE D. WIKLENDT MGRM 01/08/2009

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