

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012805

Entity Name: THE BIRDS NEST, LLC

FILED
Jan 23, 2008
Secretary of State

Current Principal Place of Business:

300 NW HWY 19
CRYSTAL RIVER, FL 34428

New Principal Place of Business:

320 NW HWY 19
CRYSTAL RIVER, FL 34428

Current Mailing Address:

300 NW HWY 19
CRYSTAL RIVER, FL 34428

New Mailing Address:

320 NW HWY 19
CRYSTAL RIVER, FL 34428

FEI Number: 59-3758699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OESTRICH, DIANA L
300 NW HWY 19
CRYSTAL RIVER, FL 34428 US

Name and Address of New Registered Agent:

OESTRICH, DIANA L
320 NW HWY 19
CRYSTAL RIVER, FL 34428 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:

01/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OESTREICH, DIANA
Address: 8585 N PINE NEEDLE TR
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: MGR () Delete
Name: OESTREICH, WILLIAM
Address: 8585 N PINE NEEDLE TR
City-St-Zip: CRYSTAL RIVER, FL 34428

ADDITIONS/CHANGES:

Title: V.P. (X) Change () Addition
Name: OESTREICH, DIANA
Address: 4700 N. LADYBUG, DR.
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: MGR (X) Change () Addition
Name: OESTREICH, WILLIAM
Address: 4700 N. LADYBUG DR.
City-St-Zip: CRYSTAL RIVER, FL 34428

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: DIANA OESTREICH

V.P.

01/23/2008

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