2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2008
Secretary of State

DOCUMENT# L01000015867

Entity Name: 911 MANAGEMENT, LLC

Current Principal Place of Business:

509 SOMERSET BRIDGE RD
SANTA ROSA BEACH, FL 324596425

New Principal Place of Business:

Current Mailing Address:

509 SOMERSET BRIDGE RD
SANTA ROSA BEACH, FL 324596425

New Mailing Address:

FEI Number: 59-3746033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TURNER, MELISSA M
509 SOMERSET BRIDGE RD
SANTA ROSA BEACH, FL 324596425 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:	TURNER, MELISSA M	
Address:	509 SOMERSET BRIDGE RD	
City-St-Zip:	SANTA ROSA BEACH, FL 324596425	
Title:	MGRM	( ) Delete
Name:	KEENER, FRANK O	
Address:	49020 CEDROS CIRCLE	
City-St-Zip:	LAQUINTA, CA 92253	
Title:	MGRM	( ) Delete
Name:	FLEISHMAN, MICHAEL M	
Address:	3500 NATIONAL CITY TOWER 101 S FIFTH ST	
City-St-Zip:	LOUISVILLE, KY 40202	
Title:	MGRM	( ) Delete
Name:	PATTERSON, JAMES A	
Address:	10000 SHELBYVILLE ROAD, SUITE 11	
City-St-Zip:	LOUISVILLE, KY 40223	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	KEENER, FRANK O	
Address:	1114 LAKE VISTA	
City-St-Zip:	PALM DESERT, CA 92260	
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: MELISSA M. TURNER MGRM 01/25/2008

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