

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012409

FILED
Mar 13, 2008
Secretary of State

Entity Name: DATA CENTER RESOURCES, LLC

Current Principal Place of Business:

22890 FOREST RIDGE DR
ESTERO, FL 33928

New Principal Place of Business:

4532 TAMIAMI TRAIL E
#202
NAPLES, FL 34112

Current Mailing Address:

21301 S TAMIAMI TR #320
ESTERO, FL 33928

New Mailing Address:

4532 TAMIAMI TRAIL E
#202
NAPLES, FL 34112

FEI Number: 04-3666039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERENDES, RICK M
22890 FOREST RIDGE DR.
ESTERO, FL 33928 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: VARCOE, MICHAEL B
Address: 4220 HAWAII BLVD
City-St-Zip: NAPLES, FL 34112

Title: MGRM () Delete
Name: BERENDES, RICK M
Address: 22890 FOREST RIDGE DR.
City-St-Zip: ESTERO, FL 33928

Title: MGRM () Delete
Name: TOCCO, JUSTIN C
Address: 850 PIEDMONT AVE NE #3122
City-St-Zip: ATLANTA, GA 30308

ADDITIONS/CHANGES:

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

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: RICK M BERENDES

MR

03/13/2008

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