2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 21, 2008
Secretary of State

DOCUMENT# L02000019975

Entity Name: NORTHWEST FLORIDA UNDERGROUND, LLC

Current Principal Place of Business:

5896 COMMERCE ROAD
MILTON, FL 32583

New Principal Place of Business:

4145 TRUMP BOULEVARD
MILTON, FL 32583

Current Mailing Address:

5896 COMMERCE ROAD
MILTON, FL 32583

New Mailing Address:

4145 TRUMP BOULEVARD
MILTON, FL 32583

FEI Number: 51-0419202 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOUGHTY, THOMAS E
1313 AUTUMN BREEZE CIRCLE
GULF BREEZE, FL 32563 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: DOUGHTY, THOMAS E
Address: 1313 AUTUMN BREEZE CIRCLE
City-St-Zip: GULF BREEZE, FL 32563

Title: MGRM ( ) Delete
Name: DOUGHTY, DONNA M
Address: 1313 AUTUMN BREEZE CIRCLE
City-St-Zip: GULF BREEZE, FL 32563

Title: MGRM ( ) Delete
Name: DOUGHTY, DEREK E
Address: 1589 OAK DRIVE
City-St-Zip: GULF BREEZE, FL 32563

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: THOMAS E DOUGHTY MGRM 07/21/2008

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