

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000020706

1. Entity Name
SOMEWHERE OVER THE RAINBOW, L.L.C.



Principal Place of Business
34990 EMERALD COAST PKWY
401
DESTIN, FL 32541

Mailing Address
34990 EMERALD COAST PKWY
401
DESTIN, FL 32541

FILED
Sep 04, 2008 08:00 AM
Secretary of State



07302008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3651390	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KRUSE, CRAIG J
34990 EMERALD COAST PKWY
SUITE 401
DESTIN, FL 32541

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRUSE, CRAIG J 34990 EMERALD COAST PKWY STE 401 DESTIN, FL 32541
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000959028
09/04/08-80001-016 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #