2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2008
Secretary of State

DOCUMENT# L02000033124

Entity Name: TENNYSON HOLDING COMPANY, LLC

Current Principal Place of Business:

4333 GRANDPOINTE PLACE
PENSACOLA, FL 32514

New Principal Place of Business:

809 BEVERLY PKWY
PENSACOLA, FL 32505

Current Mailing Address:

4333 GRANDPOINTE PLACE
PENSACOLA, FL 32514

New Mailing Address:

809 BEVERLY PKWY
PENSACOLA, FL 32505

FEI Number: 26-1777872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, MARK L
4333 GRANDPOINTE PLACE
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

FLORES, RAYMOND G
809 BEVERLY PKWY
PENSACOLA, FL 32505 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: RAYMOND G. FLORES 03/25/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TAYLOR, MARK L
Address: 4333 GRANDPOINTE PLACE
City-St-Zip: PENSACOLA, FL 32514

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FLORES, RAYMOND G
Address: 809 BEVERLY PKWY
City-St-Zip: PENSACOLA, FL 32505

Title: MGRM ( ) Change (X) Addition
Name: PASSAUR, JOHN G
Address: 9777 QUAIL HOLLOW CT
City-St-Zip: PENSACOLA, FL 32514

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: RAYMOND G. FLORES MGRM 03/25/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date