2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# L02000033419

Entity Name: ARMADILLO ACRES, LLC

Current Principal Place of Business:

7221 NW 18TH AVE.
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

134 NORTH REVERE ROAD
AKRON, OH 44333

New Mailing Address:

660 LOOP RD
KNOXVILLE, TN 37934

FEI Number: 20-0532763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAVENSTEIN, NIKOLAUS
7221 NW 18TH AVENUE
GAINESVILLE, FL 32605 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: MGR ( ) Delete
Name: GRAVENSTEIN, NIKOLAUS
Address: 7221 NW 18TH AVE.
City-St-Zip: GAINESVILLE, FL 32605

Title: MGR ( ) Delete
Name: PASTIS, ALIX G
Address: 134 N. REVERE ROAD
City-St-Zip: AKRON, OH 44333

Title: MGR ( ) Delete
Name: PASTIS, MENELAOS J
Address: 171 GRANGER ROAD, UNIT 153
City-St-Zip: MEDINA, OH 44256

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: PASTIS, ALIX G
Address: 660 LOOP RD
City-St-Zip: KNOXVILLE, TN 37934

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: ALIX G PASTIS MGR 01/18/2008

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