2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000033850

1. Entity Name FATBRAIN, LLC



FILED Feb 25, 2008 08:00 All Secretary of State

Principal Place of Business

9814 TREE TOPS LK RD TAMPA, FL 33626

Mailing Address

9814 TREE TOPS LK RD **TAMPA, FL 33626**



02192008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 04-3735723

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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8. 1	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bot	th, in the State of Florida.	I am familiar with, and accept
t	he obligations of registered agent.	4	

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent aignature required when reinstating)

FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000840229 03/06/08-80040-009 139.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	ROSENE, JAMES	
STREET ADDRESS	9814 TREE TOPS LK RD	
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE	MGRM ,	
NAME	STAPLETON, JOHN	
STREET ADDRESS	9814 TREE TOPS LK RD	
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE		
NAME		
Street address		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME	·	
STREET ADDRESS	·	
CITY-ST-ZIP		
TITLE		
NAME		

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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:

STREET ADDRESS

TYPED OR PRINTED NAME OF BIONING MANAGING MEMAER, OF