2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003593

Entity Name: ONE HUNDRED, LLC

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

901 N.W. 8TH AVENUE, C3-0 824 E. UNIVERSITY AVE. GAINESVILLE, FL 32601 GAINESVILLE, FL 32601

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 2632 GAINESVILLE, FL 32602

FEI Number: 56-2358082 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JENNINGS, MARY 824 EAST ÚNIVERSITY AVENUE GAINESVILLE, FL 32601

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:

Date

ADDITIONS/CHANGES:

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS:

MGRM (X) Change () Addition () Delete

MCEACHERN, WILLIAM E MCEACHERN, WILLIAM E Name: Name:

Address: 901 N.W. 8TH AVENUE, STE. C3-0 Address: P.O. BOX 2632 City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: GAINESVILLE, FL 32602

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: MELLMAN, RICHARD Name: MELLMAN, RICHARD Address: 901 NW 8TH AVENUE, STE, C3-0 Address: P.O. BOX 2632

City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: GAINESVILLE, FL 32602

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: WE MCEACHERN **MGRM** 05/01/2009