

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018844

FILED
May 08, 2008
Secretary of State

Entity Name: NIPPANI & ASSOCIATES, L.L.C.

Current Principal Place of Business:

9432 BAYMEADOWS ROAD STE. 130
JACKSONVILLE, FL 32256

New Principal Place of Business:

8045 SUMMERSIDE CIRCLE
JACKSONVILLE, FL 32256

Current Mailing Address:

9432 BAYMEADOWS ROAD STE. 130
JACKSONVILLE, FL 32256

New Mailing Address:

10920 BAYMEADOWS ROAD
27-153
JACKSONVILLE, FL 32256

FEI Number: 57-1173591 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:

NIPPANI, BRAD
9432 BAYMEADOWS ROAD STE. 130
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

NIPPANI, BRAD
10920 BAYMEADOWS ROAD
27-153
JACKSONVILLE, FL 32256 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: BRAD NIPPANI

05/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NIPPANI, BRAD
Address: 9432 BAYMEADOWS ROAD STE. 130
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NIPPANI, BRAD
Address: 8045 SUMMERSIDE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32256

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: BRAD NIPPANI

MGRM

05/08/2008

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