

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041235

Entity Name: HERE WE GO AGAIN, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

3090 INGLEWOOD TERRACE
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

3090 INGLEWOOD TERRACE
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 90-0121877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAI, CONNIE
3090 INGLEWOOD TERRACE
BOCA RATON, FL 33431 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: RAI, CONNIE
Address: 3090 INGLEWOOD TERRACE
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR () Delete
Name: GREEN, IDA MS
Address: 13144 VIA VESTA
City-St-Zip: DELRAY BEACH, FL 33484 US

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

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: GREEN, IDA MS.
Address: 13144 VIA VESTA
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: MGR () Change (X) Addition
Name: ROBERTSON, HILDA MS.
Address: 5130 LAS VERDES CIRCLE #212
City-St-Zip: DELRAY BEACH, FL 33484 US

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: CONNIE RAI

MS.

04/28/2008

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