2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050201

Entity Name: NEPTUNE, LLC

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

CAMBRIDGE, IA 50046

6601 BLACKFIN WAY

APOLLO BEACH, FL 33572

(X) Delete

MGRM

MOORE, AIXA

FILED Jan 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1016 NEPTUNE DRIVE #10 RUSKIN, FL 33570 **Current Mailing Address: New Mailing Address:** 6601 BLACKFIN WAY APOLLO BEACH, FL 335723029 FEI Number: 42-1610539 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BEHM, VICTORIA P 405 SÉCOND STREET SOUTH STE. C SAFETY HARBOR, FL 34695 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete CALLISON, WESLEY D Name: Name: 445-26 SR 13 NORTH 445-27 Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition OSCEOLA, INC., Name: Name: Address: 608 SOUTH 19TH STREET Address: City-St-Zip: WEST DES MOINES, IA 50265 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition HALVA, LOREN MOORE, AIXA Name: Name: Address: 24168 140TH STREET Address: 6601 BLACKFIN WAY City-St-Zip: ORLEANS, IA 51360 City-St-Zip: APOLLO BEACH, FL 33572 Title: MGRM (X) Delete Title: () Change () Addition Name: PEAREY, ELWIN Name: Address: R.R. 1 Address:

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.

City-St-Zip:

() Change () Addition

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD MCHOSE MGR 01/12/2009