

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003113

FILED
Apr 16, 2010
Secretary of State

Entity Name: EFS HOLDINGS, LLC

Current Principal Place of Business:

226 PALAFOX PLACE
SUITE 400
PENSACOLA, FL 32502

New Principal Place of Business:

316 SOUTH BAYLEN STREET
SUITE 300
PENSACOLA, FL 32502

Current Mailing Address:

226 PALAFOX PLACE
SUITE 400
PENSACOLA, FL 32502

New Mailing Address:

316 SOUTH BAYLEN STREET
SUITE 300
PENSACOLA, FL 32502

FEI Number: 90-0137706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BEGGS & LANE, RLLP
501 COMMENDENCIA ST
PENSACOLA, FL 32502 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: MGRM
Name: PLUGIT.COM, LLC
Address: 316 SOUTH BAYLEN STREET, SUITE 300
City-St-Zip: PENSACOLA, FL 32502

Title: MGRM
Name: SWITZER & SONS
Address: 92 HIGH POINT
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM
Name: JMO INVESTMENTS, LLC
Address: 316 S. BAYLEN ST., SUITE 200
City-St-Zip: PENSACOLA, FL 32502

Title: MGRM
Name: EWB, LLC
Address: 2000 E. MALLORY STREET
City-St-Zip: PENSACOLA, FL 32503

Title: MGRM
Name: APPELYARD, RICHARD L
Address: 4400 BAYOU BLVD., SUITE 34
City-St-Zip: PENSACOLA, FL 32503

Title: MGRM
Name: WHIBBS, VINCENT J
Address: 1917 WANDERING ROAD
City-St-Zip: ENCINITAS, CA 92023

I hereby 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: SONYA L. GARES

MS.

04/16/2010

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