

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030408

FILED
Jan 29, 2008
Secretary of State

Entity Name: LATTITUDE 29, LLC

Current Principal Place of Business:

13048 FLAMINGO TERRACE
PALM BEAH GARDENS, FL 33401

New Principal Place of Business:

10130 NORTHLAKE BLVD
STE 214-317
WEST PALM BEACH, FL 33412

Current Mailing Address:

12189 US HWY 1 STE 49-127
NORTH PALM BEACH, FL 33408 US

New Mailing Address:

10130 NORTHLAKE BLVD
STE 214-317
WEST PALM BEACH, FL 33412

FEI Number: 14-1906653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, PHILIP H III
4420 BEACON CIR. WEST
PALM BEAH GARDENS, FL 33401 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: MOORE, GORDON P
Address: 12189 US HWY 1 STE 49-127
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: MGR () Delete
Name: CHURCHILL, DOUGLAS
Address: SANDY POINT HILL
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOORE, GORDON P
Address: 10130 NORTHLAKE BLVD STE 214-317
City-St-Zip: WEST PALM BEACH, FL 33412 US

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

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: GORDON P. MOORE

MGR

01/29/2008

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