

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037079

Entity Name: FOOLDATM, L.L.C.

FILED  
Apr 17, 2008  
Secretary of State

**Current Principal Place of Business:**

2721 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

2721 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BORDELON & SCHULTZ LAW FIRM, P.L.  
2721 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563 US

**Name and Address of New Registered Agent:**

KERRY ANNE SCHULTZ, ESQUIRE  
2721 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563 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: KERRY ANNE SCHULTZ, ESQUIRE

04/17/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MANN, DAVID  
Address: 2721 GULF BREEZE PARKWAY  
City-St-Zip: GULF BREEZE, FL 32563

Title: MGRM ( ) Delete  
Name: BOATRIGHT, MARK  
Address: 2721 GULF BREEZE PARKWAY  
City-St-Zip: GULF BREEZE, FL 32563

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MANN, DAVID E  
Address: 2721 GULF BREEZE PARKWAY  
City-St-Zip: GULF BREEZE, FL 32563

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: DAVID E. MANN

MGRM

04/17/2008

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