

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037959

FILED
Apr 25, 2008
Secretary of State

Entity Name: SPLITS TM, LLC

Current Principal Place of Business:

4411 CLEVELAND AVENUE
FT. MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

4411 CLEVELAND AVENUE
FT. MYERS, FL 33901

New Mailing Address:

FEI Number: 57-1207446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMEONE, RICHARD J
4411 CLEVELAND AVENUE
FT. MYERS, FL 33901 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 () Delete
Name: LAGESCHULTE, DAVID L
Address: 4411 CLEVELAND AVENUE
City-St-Zip: FT MYERS, FL 33901

Title: MGRM () Delete
Name: GIBSON, MARK I
Address: 100 EAST PINE STREET
City-St-Zip: ORLANDO, FL 33801

Title: MGRM () Delete
Name: REVELLE, J G
Address: 100 EAST PINE STREET
City-St-Zip: ORLANDO, FL 33801

ADDITIONS/CHANGES:

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

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

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 LAGESCHULTE

MGRM

04/25/2008

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