2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039950

Entity Name: WAHL/CHRISTIANSEN DESIGN STUDIO, LLC

FILED Jan 15, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 49 4040 NW 19TH. PLACE MICANOPY, FL 326670049 GAINESVILLE, FL 32605

Current Mailing Address: New Mailing Address:

P.O. BOX 49 P.O. BOX 357549

MICANOPY, FL 326670049 GAINESVILLE, FL 32635

FEI Number: 20-1220426 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:

WAHL, KARL
21810 NW 75TH AVE. ROAD
4040 NW 19TH. PLACE

MICANOPY, FL 32667 US 4040 NW 13111. FLACE

GAINESVILLE, FL 32605 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: 01/15/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 WAHL, KARL
 Name:
 WAHL, KARL

 Address:
 P.O. BOX 49
 Address:
 P.O. BOX 357549

 City-St-Zip:
 MICANOPY, FL 326670049
 City-St-Zip:
 GAINESVILLE, FL 32635

Title: MGRM () Delete Title: MGR (X) Change () Addition

 Name:
 CHRISTIANSEN, DIANA
 Name:
 CHRISTIANSEN, DIANA

 Address:
 P.O. BOX 49
 Address:
 P.O. BOX 357549

 City-St-Zip:
 MICANOPY, FL 326670049
 City-St-Zip:
 GAINESVILLE, FL 32635

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: KARL WAHL MGR 01/15/2008