

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043309

FILED
Apr 20, 2009
Secretary of State

Entity Name: RAPSCALLION ENTERPRISES, LLC

Current Principal Place of Business:

4422 LAND O' LAKES BLVD
LAND O' LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

11320 CARROLLWOOD DRIVE
TAMPA, FL 33618

New Mailing Address:

201 NORTH FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602

FEI Number: 81-0651915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, KENNETH D
11320 CARROLLWOOD DRIVE
TAMPA, FL 33618 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: MORGAN, SHAEL C
Address: 19130 GOLDEN CACOON PLACE
City-St-Zip: LUTZ, FL 335589060 US

Title: MGR () Delete
Name: MORGAN, JAMES D
Address: 19130 GOLDEN CACOON PLACE
City-St-Zip: LUTZ, FL 335589060 US

Title: MGR () Delete
Name: MORGAN, KENNETH D
Address: 11320 CARROLLWOOD DRIVE
City-St-Zip: TAMPA, FL 33618 US

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: KENNETH D. MORGAN

MGR

04/20/2009

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