

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052014

FILED
Apr 23, 2008
Secretary of State

Entity Name: THE FLORIDA APPELLATE ALLIANCE, P.L.C.

Current Principal Place of Business:

328 CRANDON BOULEVARD
225
KEY BISCAVNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

328 CRANDON BOULEVARD
225
KEY BISCAVNE, FL 33149

New Mailing Address:

FEI Number: 20-1642886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRABTREE, JOHN G
328 CRANDON BOULEVARD
225
KEY BISCAVNE, FL 33149 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: THE CARLYLE APPELLAT, E LAW FIRM, P. A .
Address: 1950 LAUREL MANOR DRIVE, SUITE 130
City-St-Zip: THE VILLAGES, FL 32162

Title: MGRM () Delete
Name: JOHN G. CRABTREE, P., A.
Address: 328 CRANDON BOULEVARD, STE. 225
City-St-Zip: KEY BISCAVNE, FL 33149

Title: MGRM () Delete
Name: MILLS & CREED, P.A.,
Address: 865 MAY STREET
City-St-Zip: JACKSONVILLE, FL 32204

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: JOHN G. CRABTREE

MR.

04/23/2008

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