


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000055218</b>	
1. Entity Name 3401 SPRING STREET, LLC	

Principal Place of Business 3401 SPRING STREET POMPANO BEACH, FL 33062	Mailing Address C/O MARIE ANDREE HAMMOND 2031 NE 31 STREET LIGHTHOUSE POINT, FL 33064
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03022008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 42-1663407	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HAMMOND, MARIE A  
 2031 NE 31 STREET  
 LIGHTHOUSE POINT, FL 33064

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WIRSHING, JAMES R 1447 KENSINGTON DRIVE MURFREESBORO, TN 37130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRUBB, SUSAN P 91 JUDSON BLVD. BANGOR, ME 04401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMMOND, MARIE A 2031 NE 31 STREET LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000855285  
 03/27/08-80043-003 138.75

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Marie Andree Hammond Marie A. Hammond 3/1/08 954-357-6815  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #