2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# L04000055473

Entity Name: L.I.S.T. LLC.

Current Principal Place of Business:

9387 ARLINGTON EXPRESSWAY, 184
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

5647 FLORAL AVE
JACKSONVILLE, FL 32211 US

Current Mailing Address:

9387 ARLINGTON EXPRESSWAY, 184
JACKSONVILLE, FL 32225 US

New Mailing Address:

5647 FLORAL AVE
JACKSONVILLE, FL 32211 US

FEI Number: 42-1639464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAVI, AMIR
525 N SHORE DR
MIAMI BEACH, FL 33141 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: LAVI, AMIR
Address: 525 NORTH SHORE DRIVE
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: MGRM ( ) Delete
Name: LAVI, EREZ
Address: 5647 FLORAL AVE
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: LAVI, EREZ
Address: 525 NORTH SHORE DRIVE
City-St-Zip: MIAMI BEACH, FL 33141 US

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: LAVI AMIR MGRM 01/27/2009

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