

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065703

FILED
Apr 24, 2008
Secretary of State

Entity Name: FIREFLY INVESTMENTS, L.L.C.

Current Principal Place of Business:

14404 PELICAN BAY COURT
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

14404 PELICAN BAY COURT
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 20-1523293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKMER, CHAD
14404 PELICAN BAY COURT
JACKSONVILLE, FL 32224 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: BLACKMER, CHAD
Address: 14404 PELICAN BAY COURT
City-St-Zip: JACKSONVILLE, FL 32224

Title: CFO () Delete
Name: CHOLMONDELEY, BRIAN
Address: 825 EAGLE POINT DRIVE
City-St-Zip: ST.AUGUSTINE, FL 32092

Title: VP () Delete
Name: DEARING, MICHEAL
Address: 12700 BARTRAM PARK BLVD UNIT 2322
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES:

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

Title: CFO (X) Change () Addition
Name: CHOLMONDELEY, BRIAN
Address: 120 ISTORIA
City-St-Zip: ST.AUGUSTINE, FL 32095

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: CHAD BLACKMER

PRES

04/24/2008

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