

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073038

Entity Name: GADSDEN FORTRESS, LLC

FILED
Jan 08, 2008
Secretary of State

Current Principal Place of Business:

119 EAST PARK AVENUE
TALLAHASSEE, FL 32301

New Principal Place of Business:

119 EAST PARK AVENUE
SUITE 2-C
TALLAHASSEE, FL 32301

Current Mailing Address:

119 EAST PARK AVENUE
TALLAHASSEE, FL 32301

New Mailing Address:

119 EAST PARK AVENUE
SUITE 2-C
TALLAHASSEE, FL 32301

FEI Number: 20-1708628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINN, JASON D
119 EAST PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

WINN, JASON D
119 EAST PARK AVE.
SUITE 2-C
TALLAHASSEE, FL 32301 US

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:

01/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MAM () Delete
Name: WINN, JASON D ESQ.
Address: 119 EAST PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGMR (X) Change () Addition
Name: WINN, JASON D ESQ.
Address: 119 EAST PARK AVENUE, SUITE 2-C
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGR () Change (X) Addition
Name: WINN, STEPHEN R
Address: PO BOX 1675
City-St-Zip: TALLAHASSEE, FL 32302

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: JASON D. WINN

MGMR

01/08/2008

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