

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075332

FILED  
Apr 23, 2008  
Secretary of State

**Entity Name:** WITCHER & FULLER HOLDINGS, LLC

**Current Principal Place of Business:**

2953 WEST CYPRESS CREEK ROAD  
SUITE 200  
FORT LAUDERDALE, FL 333091765 US

**New Principal Place of Business:**

**Current Mailing Address:**

2953 WEST CYPRESS CREEK ROAD  
SUITE 200  
FORT LAUDERDALE, FL 333091765 US

**New Mailing Address:**

**FEI Number:** 20-1866660

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WITCHER, TERRELL W  
2953 WEST CYPRESS CREEK ROAD  
SUITE 200  
FORT LAUDERDALE, FL 333091765 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:** WITCHER, TERRELL W  
**Address:** 8546 SKYBAR LAKE COVE  
**City-St-Zip:** BOYNTON BEACH, FL 33437 US

**Title:** MGRM ( ) Delete  
**Name:** FULLER, STEVEN E  
**Address:** 3150 SW 135 TERRACE  
**City-St-Zip:** DAVIE, FL 33330 US

**ADDITIONS/CHANGES:**

**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:** TERRELL W. WITCHER

MGRM

04/23/2008

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