

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087613

FILED
Feb 24, 2009
Secretary of State

Entity Name: CHANGES IN LATITUDES, LLC

Current Principal Place of Business:

5984 CLAYBOURNE DR.
BARGERSVILLE, IN 46106

New Principal Place of Business:

Current Mailing Address:

5984 CLAYBOURNE DR.
BARGERSVILLE, IN 46106

New Mailing Address:

FEI Number: 20-1967890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBBONS, MICHAEL R
215 N. EOLA DRIVE
ORLANDO, FL 32801 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: WATKINS, TIMOTHY J
Address: 5984 CLAYBOURNE DR
City-St-Zip: BARGERSVILLE, IN 46106

Title: MGRM () Delete
Name: SCHAEFER, CHARLES P
Address: 6518 LANA COURT EAST
City-St-Zip: NEW PALESTINE, IN 46163

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: EASTER & CAVOSIE, M. FISHER

ATTY

02/24/2009

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