

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019747

Entity Name: MUSCADINE, LLC

FILED  
Jan 12, 2009  
Secretary of State

**Current Principal Place of Business:**

8252 WILTSHIRE DRIVE  
PORT CHARLOTTE, FL 33981

**New Principal Place of Business:**

9442 BLUEGILL CIRCLE  
PORT CHARLOTTE, FL 33981

**Current Mailing Address:**

8252 WILTSHIRE DRIVE  
PORT CHARLOTTE, FL 33981

**New Mailing Address:**

9442 BLUEGILL CIRCLE  
PORT CHARLOTTE, FL 33981

FEI Number: 03-0556170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

STEVENS, JASON E  
8252 WILTSHIRE DRIVE  
PORT CHARLOTTE, FL 33981 US

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

STEVENS, JASON E  
9442 BLUEGILL CIRCLE  
PORT CHARLOTTE, FL 33981 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: JASON STEVENS

01/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR. ( ) Delete  
Name: STEVENS, JASON E MGRM  
Address: 8252 WILTSHIRE DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33981

**ADDITIONS/CHANGES:**

Title: MR. (X) Change ( ) Addition  
Name: STEVENS, JASON E MGRM  
Address: 9442 BLUEGILL CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33981

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 STEVENS

MR.

01/12/2009

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