2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027009

Entity Name: BROKEN TUSK LC

Current Principal Place of Business:	**New Principal Place of Business:**
1701 E. BLOUNT ST PENSACOLA, FL 32053 US	1440 W. SONIA ST PENSACOLA, FL 32052 US

Current Mailing Address:	**New Mailing Address:**
1701 E. BLOUNT ST PENSACOLA, FL 32053 US	1440 W. SONIA ST PENSACOLA, FL 32052 US

FEI Number: FEI Number Applied For ( )   FEI Number Not Applicable (X)   Certificate of Status Desired ( )
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
HANSON- GROW, FRANCES E 1060 FT PICKENS RD PENSACOLA BEACH, FL 32061 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: _____

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

	MANAGING MEMBERS/MANAGERS	ADDITIONS/CHANGES
Title:	MGR ( ) Delete	MGR (X) Change ( ) Addition
Name:	JOCHUM, BLAKE J	JOCHUM, BLAKE J
Address:	1701 E. BLOUNT ST	1440 W. SONIA ST
City-St-Zip:	PENSACOLA, FL 32503 US	PENSACOLA, FL 32502 US
Title:	MGRM ( ) Delete	MGRM (X) Change ( ) Addition
Name:	JOCHUM, LAURA E	JOCHUM, LAURA E
Address:	1701 E. BOUNT ST	1440 W SONIA
City-St-Zip:	PENSACOLA, FL 32003 US	PENSACOLA, FL 32502 US

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: LAURA JOCHUM   MGRM   08/27/2008

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