

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043792

Entity Name: THE ANNUITY STORE, LLC

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

13710 U. S. HIGHWAY 441  
SUITE 100  
LADY LAKE, FL 32159

## Current Mailing Address:

13710 U. S. HIGHWAY 441  
SUITE 100  
LADY LAKE, FL 32159

## New Principal Place of Business:

13710 U. S. HIGHWAY 441  
SUITE 100  
THE VILLAGES, FL 32159

## New Mailing Address:

13710 U. S. HIGHWAY 441  
SUITE 100  
THE VILLAGES, FL 32159

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLHORN, MICHAEL D  
13710 U. S. HIGHWAY 441  
SUITE 100  
LADY LAKE, FL 32159 US

## Name and Address of New Registered Agent:

MILLHORN, MICHAEL D  
13710 U. S. HIGHWAY 441  
SUITE 100  
THE VILLAGES, FL 32159 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:

04/29/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MILLHORN, MICHAEL D  
Address: 13710 U. S. HIGHWAY 441, SUITE 100  
City-St-Zip: LADY LAKE, FL 32159

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MILLHORN, MICHAEL D  
Address: 13710 U. S. HIGHWAY 441, SUITE 100  
City-St-Zip: THE VILLAGES, FL 32159

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: MICHAEL D. MILLHORN

MGR

04/29/2008

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