2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2008
Secretary of State

DOCUMENT# L05000066090

Entity Name: MCBRIDE WOODBRIDGE MARKETING LLC

Current Principal Place of Business:

150 COCONUT DRIVE, SUITE 202
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

150 COCONUT DRIVE, SUITE 202
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 20-3016413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLAIRE SUZANNE MCBRIDE
412 PORT ROYAL BLVD.
SATELLITE BEACH, FL 32937 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: MICHAEL NOLAN MCBRID, E
Address: 412 PORT ROYAL BLVD.
City-St-Zip: SATELLITE BEACH, FL 39237

Title: MGRM ( ) Delete
Name: WOODBRIDGE, K. AMELIA
Address: 365 WILSON AVENUE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: ZAVALLA, ANDREW A
Address: 1909 SLONE BLVD.
City-St-Zip: MELBOURNE, FL 32935

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 NOLAN MCBRIDE MGRM 02/05/2008

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