2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Mar 11, 2008 8:00 am
Secretary of State
03-11-2008 90131 011 ***138.75

DOCUMENT # L05000072426

1. Entity Name

MEN MOUSENFLIP, L.L.C.

Principal Place of Business	Mailing Address
13750 WEST COLONIAL DRIVE SUITE 350 - 401 WINTER GARDEN FL 34787	13750 WEST COLONIAL DRIVE SUITE 350 - 401 WINTER GARDEN FL 34787

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

MEN MOUSENFLIP, LLC
Carl J. Braunagel
2625 South Anica Lane
Cottonwood, Arizona 86326
EIN: 20-2983189 TEL: 407-702-7361

4. FEI Number 20-1932159 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRAUNAGEL, CARL J 13750 WEST COLONIAL DRIVE SUITE 350 - 401 WINTER GARDEN FL 34787	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 2-28-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BRAUNAGEL, CARL J 2625 S. ANICA LANE COTTONWOOD AZ 86326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEN MOUSENFLIP, LLC Carl J. Braunagel 2625 South Anica Lane Cottonwood, Arizona 86326 EIN: 20-2983189 TEL: 407-702-7361	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BRAUNAGEL, THOMAS W 7 BRITTANY AVE TRUMBULL CT 06611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WALDRON, MARIANNE 112 FORREST AVE MONROE NH 10950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR O'BRIEN, CHRISTINE 31 HARDING WAY MONROE NY 10950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ 3-28-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #