

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2008 8:00 am
Secretary of State

08-01-2008 90004 035 ***138.75

DOCUMENT # L05000073233

1. Entity Name
WANDERING RAVEN, LLC



Principal Place of Business
**1867 SUTHERLAND DRIVE
 PALM HARBOR, FL 34683**

Mailing Address
**1867 SUTHERLAND DRIVE
 PALM HARBOR, FL 34683**

50009013



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07092008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-3203107

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**STERNS, JEFFREY A
 1867 SUTHERLAND DRIVE
 PALM HARBOR, FL 34683**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
 Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: **MGRM** Delete
 NAME: **STERNS, JEFFREY A**
 STREET ADDRESS: **1867 SUTHERLAND DRIVE**
 CITY-ST-ZIP: **PALM HARBOR, FL 34683**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **MGR** Delete
 NAME: **CROWE, JOHN S**
 STREET ADDRESS: **433 EAST MACEWEN DRIVE**
 CITY-ST-ZIP: **OSPREY, FL 34229**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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TITLE: Change Addition
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TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jeffrey A. Sterns
Jeffrey A. Sterns
 9/2/08