2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080307

Entity Name: PERKS!, LLC

FILED Jan 02, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3651 ST. JOHN'S AVENUE 11280 BUCKBOARD TRACE JACKSONVILLE, FL 32205 JACKSONVILLE, FL 32220 US

Current Mailing Address: New Mailing Address:

3651 ST. JOHN'S AVENUE 11280 BUCKBOARD TRACE JACKSONVILLE, FL 32205 US

FEI Number: 20-3351690 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HORKAN, JAMES T

4249 MORENA LANE

JACKSONVILLE, FL 32207 US

PETE ORLANDO, CPA, PA

4745 SUTTON PARK COURT

SUITE 101

JACKSONVILLE, FL 32224 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: PETE ORLANDO 01/02/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 STROUT, JOHN
 Name:
 STROUT, JOHN

 Address:
 4280 BUCKBOARD TRACE
 Address:
 11280 BUCKBOARD TRACE

 City-St-Zip:
 JACKSONVILLE, FL 32220
 City-St-Zip:
 JACKSONVILLE, FL 32220 US

Title: () Delete Title: MGRM () Change (X) Addition Name: PRESTON-STROUT, MICHELLE Address: Address: 11280 BUCKBOARD TRACE City-St-Zip: Gity-St-Zip: JACKSONVILLE, FL 32220 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: MICHELLE PRESTON-STROUT MGRM 01/02/2008