2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2008
Secretary of State

DOCUMENT# L05000083218

Entity Name: SS ENTERPRISES, LLC

Current Principal Place of Business:

35 CORD ROAD
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

35 CORD ROAD
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 56-2527412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHACKLEY, SCOTT
35 CORD ROAD
SANTA ROSA BEACH, FL 32459 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: SHACKLEY, SCOTT
Address: 35 CORD ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM ( ) Delete
Name: SULTUSKA, GREG
Address: 523 WOODLAND BAYOU
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM ( ) Delete
Name: ALEXANDER, RICKY
Address: 212 BRADLEY DR
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES:

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

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

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

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: SCOTT SHACKLEY MM 05/29/2008

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