


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90047 044 \*\*\*143.75

<b>DOCUMENT # L05000088059</b>	
1. Entity Name <b>FEASTING ON THE WORD, L.L.C.</b>	

Principal Place of Business <b>7042 KENDRIDGE TRAIL TALLAHASSEE, FL 32312</b>	Mailing Address <b>7042 KENDRIDGE TRAIL TALLAHASSEE, FL 32312</b>
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2. Principal Place of Business - No P.O. Box # <b>313 Genesis Pointe Dr</b>	3. Mailing Address <b>313 Genesis Pointe Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01082008 Chg-LLC CR2E083 (12/06)

City & State <b>Lake Wales, FL</b>	City & State <b>Lake Wales, FL</b>
Zip <b>33859</b>	Zip <b>33859</b>
Country <b>Polk</b>	Country <b>Polk</b>

4. FEI Number <b>14-1937016</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CLAWSON, SUETTA 7042 KENDRIDGE TRAIL TALLAHASSEE, FL 32312</b>
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7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>313 Genesis Pointe Drive</b> City <b>Lake Wales</b> FL Zip Code <b>33859</b>
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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 Suella Clawson DATE 1/8/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLAWSON, SUETTA 7042 KENDRIDGE TRAIL TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLAWSON, ARTHUR E 7042 KENDRIDGE TRAIL TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>313 Genesis Pointe Drive Lake Wales, FL 33859</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>313 Genesis Pointe Drive Lake Wales, FL 33859</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Suella Clawson DATE 1/8/08 863-232-7048 863-638-1817  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #