

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089088

Entity Name: 4410 OUTER DRIVE, LLC

FILED
Jan 31, 2008
Secretary of State

Current Principal Place of Business:

2223 SNOOK DRIVE
NAPLES, FL 34102

New Principal Place of Business:

4410 OUTER DRIVE
NAPLES, FL 34112

Current Mailing Address:

2223 SNOOK DRIVE
NAPLES, FL 34102

New Mailing Address:

PO.BOX 492
RANCHO SANTA FE, CA 92067

FEI Number: 20-3658802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VON RUEXLEBEN, LILIANE
2223 SNOOK DRIVE
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

VON RUEXLEBEN, LILIANE
15968 VIA DEL ALBA
RANCHO SANTA FE, FL 92067 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:

01/31/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VON RUEXLEBEN, LILIANE
Address: 2223 SNOOK DRIVE
City-St-Zip: NAPLES, FL 34102

Title: MGRM () Delete
Name: VON RUEXLEBEN, TILL
Address: 2223 SNOOK DRIVE
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VON RUEXLEBEN, LILIANE
Address: P.O.BOX 492
City-St-Zip: RANCHO SANTA FE, CA 92067

Title: MGRM (X) Change () Addition
Name: VON RUEXLEBEN, TILL
Address: P.O.BOX 492
City-St-Zip: RANCHO SANTA FE, CA 92067 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: LILIANE VON RUEXLEBEN

MGRM

01/31/2008

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