2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099975

Entity Name: FOLDED FUTON, LLC

City-St-Zip:

HENDERSONVILLE, TN 37075

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6345 S ORANGE AVE 5017 PLEASURE ISLAND RD ORLANDO, FL 32809 ORLANDO, FL 32809 **Current Mailing Address: New Mailing Address:** 6345 S ORANGE AVE ORLANDO, FL 32809 FEI Number: 06-1759365 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: OPOTOWSKY, S PETER 5017 PLEASUŔE ISLAND RD ORLANDO, FL 32809 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: ADDITIONS/CHANGES: () Delete Title: () Change () Addition OPOTOWSKY, S PETER Name: Name: Address: 5017 PLEASURE ISLAND RD Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: ACHOR, RICHARD Name: Address: 14324 JOHNS LAKE RD Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: MGR () Delete Title: () Change () Addition WEILBACHER, THOMAS Name: Name: Address: 104 PEARTREE DR Address:

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.

City-St-Zip:

SIGNATURE: S PETER OPOTOWSKY MGR 04/28/2008