2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# L05000105265

Entity Name: FLAIR ONE, LLC

Current Principal Place of Business:

5802A EAST FOWLER AVENUE
SUITE 121
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

5802A EAST FOWLER AVENUE
SUITE 121
TEMPLE TERRACE, FL 33617

New Mailing Address:

FEI Number: 56-2539836 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANIGAN, DAVID C JD, LLM
DAVID LANIGAN P.A.
10927 NORTH 56TH STREET
TAMPA, FL 336173000 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: MGR ( ) Delete
Name: WILLIAMS, WALTER F
Address: 5903 SOARING AVENUE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: MGR ( ) Delete
Name: WILLIAMS, WALLACE F
Address: 11404 TULLAMORE PLACE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: MGR ( ) Delete
Name: WILLIAMS, MARLENE M
Address: 11404 TULLAMORE PLACE
City-St-Zip: TEMPLE TERRACE, FL 33617

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: WALTER WILLIAMS MGR 02/06/2009

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