2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107765

Entity Name: E-BOOMERANG.NET LLC

TORRENS, WAYNE

1386 EAST VINE STREET

KISSIMMEE, FL 34744 US

Name:

Address:

City-St-Zip:

FILED Jul 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1386 EAST VINE STREET KISSIMMEE, FL 34744 **Current Mailing Address: New Mailing Address:** 1386 EAST VINE STREET KISSIMMEE, FL 34744 US FEI Number: 20-3771563 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: Name and Address of New Registered Agent: FORM-A-CORP INC COMPASS HOSPITALITY GROUP, LLC 100 VILLAGE SQUARE CROSSING 1386 E. VINE STREET KISSIMMEE, FL 34744 SUITE 103 US PALM BEACH GARDENS, FL 33410 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: J. RANDALL DILLARD 07/30/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM (X) Delete Title: () Change () Addition TAKX, DOMIEN Name: Name: Address: 1386 EAST VINE STREET Address: City-St-Zip: KISSIMMEE, FL 34744 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: DILLARD, RANDY Name: Address: 1386 EAST VINE STREET Address: City-St-Zip: KISSIMMEE, FL 34744 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RANDY DILLARD PRES 07/30/2008