

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108973

FILED
Mar 24, 2008
Secretary of State

Entity Name: STRATEGYONE WAHOO, LLC

Current Principal Place of Business:

114 N COVE TERRACE DIRVE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

2700 W BROADWAY BOULEVARD
TUCSON, AZ 85745

New Mailing Address:

PO BOX 27835
PANAMA CITY, FL 32411

FEI Number: 76-0805999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLAWAY, STEVE D
114 N. COVE TERRACE DRIVE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

MILLAWAY, DOROTHY D
114 N. COVE TERRACE DRIVE
PANAMA CITY, FL 32401 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: DOROTHY D MILLAWAY

03/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STRATEGYONE MANAGEME, NT, LLC
Address: 2700 W. BROADWAY BOULEVARD
City-St-Zip: TUCSON, AZ 85745

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STRATEGYONE MANAGEME, NT, LLC
Address: PO BOX 27835
City-St-Zip: PANAMA CITY, FL 32411

Title: MGRM () Change (X) Addition
Name: REDFISH REALTY, LLC,
Address: 114 N COVE TERRACE DR
City-St-Zip: PANAMA CITY, FL 32401

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: JEANNIE MILLAWAY

MGR

03/24/2008

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