2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000114913

1. Entity Name
LOOSE CABOOSE LLC

Principal Place of Business	Mailing Address
2720 N HARBOR CITY BLVD., SUITE A MELBOURNE, FL 32935	2720 N HARBOR CITY BLVD., SUITE A MELBOURNE, FL 32935

DO NOT WRITE IN THIS SPACE

03072008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number 68-0617681	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ | **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MORGAN, DAVID H
3813 STREAM DR.
MELBOURNE, FL 32940

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MORGAN, DAVID H
STREET ADDRESS	3813 STREAM DR.
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	MGRM
NAME	MORGAN, YENA M
STREET ADDRESS	3813 STREAM DR
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/26/08-80083-019 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____   3/6/08   (321) 7573570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #