

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002493

Entity Name: T-1, LLC

FILED
Jan 16, 2008
Secretary of State

Current Principal Place of Business:

4257 SW HIGH MEADOW AVE
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

4257 SW HIGH MEADOW AVE
PALM CITY, FL 34990 US

New Mailing Address:

FEI Number: 20-3972935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUIST, CHAD D CHAD QU
4257 SW HIGH MEADOW AVE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

QUIST, CHAD D MGRM
102 SE RIO CASARANO
PORT ST LUCIE, FL 34984 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: CHAD QUIST

01/16/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: QUIST, CHAD D
Address: 128 SE RIO CASARANO
City-St-Zip: TESORO - PSL, FL 34984 US

Title: MGRM () Delete
Name: JANDORF, BRYAN M
Address: 6417 SHADOW CREEK VILLAGE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: QUIST, CHAD D
Address: 102 SE RIO CASARANO
City-St-Zip: PORT ST LUCIE, FL 34984 US

Title: MGR (X) Change () Addition
Name: JANDORF, BRYAN M
Address: 6417 SHADOW CREEK VILLAGE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

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: CHAD QUIST

MGRM

01/16/2008

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