2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# L06000002493

Entity Name: T-1, LLC

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

Title: MGR ( ) 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 MEMBER
Address: 102 SE RIO CASARANO
City-St-Zip: PORT ST LUCIE, FL 34984 US

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: CHAD D QUIST MGRM 01/22/2009

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