

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009048

Entity Name: INNER CIRCLE, LLC

FILED
Jan 06, 2008
Secretary of State

Current Principal Place of Business:

6840 PARK BLVD
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

Current Mailing Address:

6840 PARK BLVD
PINELLAS PARK, FL 33781 US

New Mailing Address:

FEI Number: 26-0134710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, JAMES K
8371 56TH STREET NORTH
PINELLAS PARK, FL 33781 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: ALLEN, JAMES K
Address: 8371 56TH STREET NORTH
City-St-Zip: PINELLAS PARK, FL 33781 US

Title: MGRM () Delete
Name: CRUMP, ADAM
Address: 1200 37TH STREET NORTH UNIT#105
City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: MGRM () Delete
Name: GULOTTA, CHARLES
Address: 1003 MACRAE AVENUE
City-St-Zip: CLEARWATER, FL 33755 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: FERRIS, THOM
Address: 209 NORTH PRESCOTT AVE
City-St-Zip: CLEARWATER, FL 33755 US

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: JAMES KAI ALLEN

MGRM

01/06/2008

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