

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030088

FILED
Apr 16, 2008
Secretary of State

Entity Name: COMIC PARTNERS OF FLORIDA LLC

Current Principal Place of Business:

3320 CALUMET DRIVE
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

3320 CALUMET DRIVE
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: 20-5280700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEPHENSON, WILLIAM M
3320 CALUMET DRIVE
TALLAHASSEE, FL 32311 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: STEPHENSON, WILLIAM M
Address: 3320 CALUMET DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: MGRM () Delete
Name: STEPHENSON, KAY L
Address: 3320 CALUMET DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: MGRM () Delete
Name: LAKE, CHRISTINA
Address: 3320 CALUMET DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: LAKE, CHRISTINA
Address: 3651 MOSSY CREEK LANE
City-St-Zip: TALLAHASSEE, FL 32311

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: WILLIAM MICHAEL STEPHENSON

MGRM

04/16/2008

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