

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000041173

FILED
Jun 16, 2009
Secretary of State

Entity Name: OBJECTS DESIRED, LLC

Current Principal Place of Business:

1790 N. CONGRESS AVENUE
SUITE 200
BOYNTON BEACH, FL 33426

New Principal Place of Business:

15841 PINES BOULEVARD
SUITE 210
PEMBROKE PINES, FL 33027

Current Mailing Address:

15841 PINES BLVD.
SUITE 210
PEMBROKE PINES, FL 33028

New Mailing Address:

15841 PINES BOULEVARD
SUITE 210
PEMBROKE PINES, FL 33027

FEI Number: 14-1959495 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CAMPBELL-POPE, JACQUELINE
1790 N. CONGRESS AVENUE
SUITE 200
BOYNTON BEACH, FL, FL 33426 US

Name and Address of New Registered Agent:

CAMPBELL-POPE, JACQUELINE
15841 PINES BOULEVARD
SUITE 210
PEMBROKE PINES, FL 33027 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: _____

06/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: POPE, EMMETT P
Address: 15841 PINES BLVD, SUITE 210
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP () Delete
Name: CAMPBELL, JACQUELINE
Address: 15841 PINES BLVD., SUITE 210
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP (X) Delete
Name: CAMPBELL, ALFRED
Address: 15841 PINES BLVD., SUITE 210
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP (X) Delete
Name: CAMPBELL, LILLETH B
Address: 15841 PINES BLVD., SUITE 210
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: POPE, EMMETT
Address: 15841 PINES BLVD, SUITE 210
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VP (X) Change () Addition
Name: CAMPBELL, JACQUELINE
Address: 15841 PINES BLVD., SUITE 210
City-St-Zip: PEMBROKE PINES, FL 33027

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

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: JACQUELINE CAMPBELL

VP

06/16/2009

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