

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043179

FILED
Apr 03, 2007
Secretary of State

Entity Name: ON LOCATION ENTERPRISE LLC

Current Principal Place of Business:

13718 WINGFIELD PL
JACKSONVILLE, V 32224 FL

New Principal Place of Business:

Current Mailing Address:

13718 WINGFIELD PL
JACKSONVILLE, V 32224 FL

New Mailing Address:

FEI Number: 20-4765613 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLF, CRAIG
13718 WINGFIELD PL
JACKSONVILLE, FL 32224 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: WOLF, CRAIG
Address: 13718 WINGFIELD PL
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: MGRM (X) Delete
Name: RALEY, CLINTON
Address: 205 C STREET UNIT B
City-St-Zip: ST. AUGUSTINE, FL 32082 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WOLF, CRAIG
Address: 13718 WINGFIELD PL
City-St-Zip: JACKSONVILLE, FL 32224 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CRAIG A WOLF

MR.

04/03/2007

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