2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044404

Entity Name: ANOTHER, LLC

FILED Apr 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

800 W. CYPRESS CREEK ROAD, SUITE 465 1250 GALLEON DRIVE FORT LAUDERDALE, FL 33309 NAPLES, FL 33939 US

Current Mailing Address: New Mailing Address:

800 W. CYPRESS CREEK ROAD, SUITE 465 1250 GALLEON DRIVE FORT LAUDERDALE, FL 33309 NAPLES, FL 33939 US

FEI Number: 02-0775564 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEGEL, LARRY

800 W. CYPRESS CREEK ROAD, SUITE 470
FORT LAUDERDALE, FL 33309 US

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: LYNN CANNELONGO - ANIKO BOULEY, AUTH SIGN. 04/02/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGR (X) Change () Addition

Name:REYNAERT, JEROMEName:HOPKINS, WILLIAM F JR.Address:800 W. CYPRESS CREEK RD., SUITE 470Address:1250 GALLEON DRIVECity-St-Zip:FT. LAUDERDALE, FL 33309City-St-Zip:NAPLES, FL 33939 US

Title: LM (X) Delete Title: () Change () Addition

 Name:
 STERLACCI, JOSEPH M
 Name:

 Address:
 14130 DUKE WAY
 Address:

 City-St-Zip:
 ALVA, FL 33920 US
 City-St-Zip:

Title: LM (X) Delete Title: () Change () Addition

 Name:
 HOPKINS, JR., WILLIAM F
 Name:

 Address:
 1250 GALLEON DR.
 Address:

 City-St-Zip:
 NAPLES, FL 33939 US
 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: ANIKO BOULEY, AUTHORIZED SIGNATORY CP 04/02/2009