2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# L06000053706

Entity Name: NYCTIBIUS LLC

Current Principal Place of Business:

P.O. BOX 12653
GAINESVILLE, FL 32604

New Principal Place of Business:

1715 NW 8TH AVENUE
GAINESVILLE, FL 32603

Current Mailing Address:

P.O. BOX 12653
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: 20-4926847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLSHEK, PETER M
1715 NW 8TH AVENUE
GAINESVILLE, FL 32603 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: POLSHEK, PETER M
Address: 1715 NW 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32603

Title: MGRM ( ) Delete
Name: HOFER, ADELINE
Address: 1715 NW 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32603

ADDITIONS/CHANGES:

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: PETER POLSHEK MGRM 04/21/2008

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