

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063422

Entity Name: ONE THIRTY ONE, LLC

FILED
Mar 26, 2009
Secretary of State

Current Principal Place of Business:

2640 GOLDEN GATE PARKWAY
SUITE 304
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

2640 GOLDEN GATE PARKWAY
SUITE 304
NAPLES, FL 34105

New Mailing Address:

FEI Number: 26-4536331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, J. MICHAEL
2640 GOLDEN GATE PARKWAY
SUITE 304
NAPLES, FL 34110 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: MGR () Delete
Name: CADILLAC FINANCIAL, INC.
Address: 2640 GOLDEN GATE PARKWAY, SUITE 304
City-St-Zip: NAPLES, FL 34105

Title: MGR () Delete
Name: MEYER, ROBERT W
Address: 300 HAYNES STREET
City-St-Zip: CADILLAC, MI 49601

Title: MGR (X) Delete
Name: FERRIS, KIM
Address: 472 RAVEN WAY
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: J. MICHAEL COLEMAN,
Address: 2640 GOLDEN GATE PARKWAY, SUITE 304
City-St-Zip: NAPLES, FL 34105

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: J. MICHAEL COLEMAN

MGR

03/26/2009

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