

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065121

FILED
Apr 21, 2008
Secretary of State

Entity Name: LACOSTE ENTERPRISES LLC

Current Principal Place of Business:

1648 SEA OATS DRIVE
ATLANTIC BEACH, FL 32233 US

New Principal Place of Business:

12041 BEACH BLVD.
JACKSONVILLE, FL 32246 US

Current Mailing Address:

1648 SEA OATS DRIVE
ATLANTIC BEACH, FL 32233 US

New Mailing Address:

327 SOUTHERN ROSE DR
JACKSONVILLE, FL 32225

FEI Number: 42-1709991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LACOSTE, MARK
1648 SEA OATS DRIVE
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

CHITTY, MARK A JR
327 SOUTHERN ROSE DR
JACKSONVILLE, FL 32225 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: MARK CHITTY JR.

04/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LACOSTE, MARK
Address: 1648 SEA OATS DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHITTY, MARK A JR.
Address: 327 SOUTHERN ROSE DR
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: MGRM () Change (X) Addition
Name: BLICKER, MARCUS J
Address: 1153 DORWINION DR
City-St-Zip: JACKSONVILLE, FL 32225

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: MARK CHITTY JR.

MGRM

04/21/2008

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