

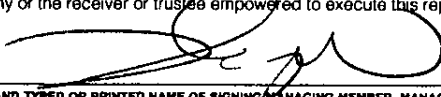


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------|
| DOCUMENT # L0600006691 1. Entity Name CIGARETTE ETC LLC | | | |  | |
| Principal Place of Business 1448 CAPITAL CIRCLE N.W. TALLAHASSEE, FL 32303 | | | Mailing Address 1448 CAPITAL CIRCLE N.W. TALLAHASSEE, FL 32303 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | |
| | | |  | | |
| | | | 04062008 Chg-LLC CR2E083 (12/06) | | |
| | | | 4. FEI Number 20-5272472 | | Applied For Not Applicable |
| | | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent BENFIELD, RON 58 SIOUX CIRCLE HAVANA, FL 32333 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM NGUYEN, THANH 1448 CAPITAL CIRCLE N.W. TALLAHASSEE, FL 32303 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 000000932442 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/22/08-80055-006 138.75 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM NGUYEN, THUY 1448 CAPITAL CIRCLE N.W. TALLAHASSEE, FL 32303 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  | | | 4/16/08 850-575-0146 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |