

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000110697

Entity Name: END OF THE ROAD, LLC

FILED
Sep 17, 2008
Secretary of State

Current Principal Place of Business:

11 ALICE STREET
PENSACOLA, FL 32505 US

New Principal Place of Business:

3250 NAVY BLVD.
PENSACOLA, FL 32505 US

Current Mailing Address:

P.O. BOX 18299
PENSACOLA, FL 32523 US

New Mailing Address:

3250 NAVY BLVD.
PENSACOLA, FL 32505 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORHEAD, STEPHEN R
25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

FLEMING, EDWARD P
25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502 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: EDWARD P. FLEMING

09/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOOTHE, ROBERT E
Address: 11 ALICE STREET
City-St-Zip: PENSACOLA, FL 32505 US

Title: MGRM (X) Delete
Name: BOOTHE, KATHRYNE E
Address: 11 ALICE STREET
City-St-Zip: PENSACOLA, FL 32505 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BIZZELL, THOMAS M
Address: 3250 NAVY BLVD.
City-St-Zip: PENSACOLA, FL 32505 US

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: THOMAS M. BIZZELL

MGR

09/17/2008

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