2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114176

Entity Name: FELLOWSHIP, L.L.C.

FILED Apr 06, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

9529 S.E. 174TH LOOP 17771 SE 125TH CIRCLW SUMMERFIELD, FL 34491 SUMMERFIELD, FL 34491

Current Mailing Address: New Mailing Address:

9529 S.E. 174TH LOOP 17771 SE 125TH CIRCLW SUMMERFIELD, FL 34491 SUMMERFIELD, FL 34491

FEI Number: 16-1778876 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JARMER, JUNE E
9529 S.E. 174TH LOOP
SUMMERFIELD, FL 34491 US
431 MAPLE TREE DRIVE
201
ALTOON, FL 32702 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: 04/06/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 GANNETT, PATRICIA
 Name:

 Address:
 P.O. BOX 801
 Address:

 City-St-Zip:
 BOCA GRANDE, FL 33921
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 BAREFIELD, ANN L
 Name:

 Address:
 1539 HARTSVILLE TERRACE
 Address:

 City-St-Zip:
 VILLAGES, FL 32162
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 GORE, ROBERT L
 Name:

 Address:
 8062 S.W. 81ST LOOP
 Address:

 City-St-Zip:
 OCALA, FL 34476
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 PRENTICE, JAMES C
 Name:

 Address:
 17843 S.E. 125TH CIRCLE
 Address:

 City-St-Zip:
 SUMMERFIELD, FL 34491
 City-St-Zip:

Name: JARMER, JUNE E Name: JARMER, JUNE E

Address: 9529 S.E. 174TH LOOP Address: 431 MAPLE TREE DRIVW APT 201

City-St-Zip: SUMMERFIELD, FL 34491 City-St-Zip: ALTOONA, FL 32702

Title: MGR () Delete Title: () Change () Addition Name: O'HARA, JAMES M Name:

 Address:
 3609 S.E. 33RD AVENUE
 Address:

 City-St-Zip:
 OCALA, FL 34471
 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: JUNE E JARMER MANA 04/06/2009