2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000118654

1. Entity Name EADY ENTERPRISES, LLC

FILED May 01, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

5026 GRAND BOULEVARD LAKELAND, FL 33812 5026 GRAND BOULEVARD LAKELAND, FL 33812

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DO NOT WRITE IN THIS SPACE

04222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 13-4351234 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

EADY, BRUCE C 5026 GRAND BOULEVARD LAKELAND, FL 33812 DO NOT WRITE IN THIS SPACE

| | 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. the obligations of registered agent. | I am familiar with, and accept |
|-----|---|--------------------------------|
| SIG | IGNATURE | |

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000936568 05/27/08-80016-013 138.75

DATE

9. MANAGING MEMBERS/MANAGERS MGR TITLE EADY, BRUCE C NAME **5026 GRAND BOULEVARD** STREET ADDRESS CITY - ST - ZIP LAKELAND, FL 33812 MGR TOLE EADY, JONI C NAME STREET ADDRESS 5026 GRAND BOULEVARD LAKELAND, FL. 33812 CITY-ST-ZIP TITLE NAME: STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

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 pay 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 employment to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED MIGHE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-29-08

Date

Daytime Phone #