

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000120907

FILED
Mar 17, 2009
Secretary of State

Entity Name: FFF, LLC

Current Principal Place of Business:

510 LYONS BAY ROAD
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

510 LYONS BAY ROAD
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 20-8131548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTLETT, JAY J
500 E. KENNEDY BOULEVARD, SUITE 200
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JOHNSON, CHRISTOPHER I
Address: 510 LYONS BAY RD
City-St-Zip: NOKOMIS, FL 34275

Title: MGR () Delete
Name: JOHNSON, JEFFREY P
Address: 1629 BAYSHORE RD
City-St-Zip: NOKOMIS, FL 34275

Title: MGR () Delete
Name: DEATERLY, JEFFREY D
Address: 427 CEIL DRIVE
City-St-Zip: NOKOMIS, FL 34275

Title: MGR () Delete
Name: HAZELTINE, STEPHEN L
Address: PO BOX 236
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRIS I JOHNSON

MGR

03/17/2009

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