

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000027

FILED
Jul 09, 2008
Secretary of State

Entity Name: FERTIG'S CHRISTIAN TRUST, LLC

Current Principal Place of Business:

800 SEACREST DRIVE
LARGO, FL 33771

New Principal Place of Business:

Current Mailing Address:

800 SEACREST DRIVE
LARGO, FL 33771

New Mailing Address:

FEI Number: 51-0571732 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PIPPEN, JOSEPH F
10225 ULMERTON ROAD, BUILDING 11
LARGO, FL 33771 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: MGRM () Delete
Name: FERTIG, MIRIAM A
Address: 800 SEACREST DRIVE
City-St-Zip: LARGO, FL 33771

Title: MGRM () Delete
Name: FERTIG, ROBERT T
Address: 800 SEACREST DRIVE
City-St-Zip: LARGO, FL 33771

Title: MGRM () Delete
Name: FERTIG, VINCENT T
Address: 1114 6TH STREET NE
City-St-Zip: WASHINGTON, DC 20002

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:

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: ROBERT T. FERTIG

CEO

07/09/2008

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