2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# L07000013383

Entity Name: EIGHT NINE LLC

Current Principal Place of Business:

2270 GRIFFIN RD. #558
LAKELAND, FL 33810

New Principal Place of Business:

3316 N. COMBEE ROAD
LAKELAND, FL 33805

Current Mailing Address:

2270 GRIFFIN RD. #558
LAKELAND, FL 33810

New Mailing Address:

3316 N. COMBEE ROAD
LAKELAND, FL 33805

FEI Number: 06-1806359 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALDWELL, TROY
2270 GRIFFIN RD. #558
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

CALDWELL, TROY J
3306 N. COMBEE ROAD
LAKELAND, FL 33805 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: TROY J. CALDWELL 04/25/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SPRADLEN, KAREN
Address: P.O. BOX 15325
City-St-Zip: CLEARWATER, FL 33766

Title: MGRM ( ) Delete
Name: CALDWELL, TROY
Address: P.O. BOX 15325
City-St-Zip: CLEARWATER, FL 33766

ADDITIONS/CHANGES:

Title: VP (X) Change ( ) Addition
Name: SPRADLEN, KAREN
Address: 3306 N. COMBEE RD.
City-St-Zip: LAKELAND, FL 33805

Title: P (X) Change ( ) Addition
Name: CALDWELL, TROY
Address: 3306 N. COMBEE RD.
City-St-Zip: LAKELAND, FL 33805

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: KAREN R. SPRADLEN VP 04/25/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date