

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90175 039 \*\*\*138.75

<b>DOCUMENT # L07000014570</b> 1. Entity Name <b>SPACESHIP EARTH LLC</b>																											
Principal Place of Business <b>8186 OMAHA CIRCLE SPRING HILL, FL 34606</b>		Mailing Address <b>4099 LILY DR SPRING HILL, FL 34607</b>																									
2. Principal Place of Business - No P.O. Box # <b>8068 Spring Hill Dr</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>8068 Spring Hill Dr</b> <small>Suite, Apt. #, etc.</small>																									
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4. FEI Number <b>26-0812183</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>BUCK, DAVID A ESQ. 8182 OMAHA CIRCLE SPRING HILL, FL 34606</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8064 Spring Hill Dr</b> City <b>Spring Hill</b> <b>FL</b> Zip Code <b>34606</b>																									
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE <b>4-8-08</b> <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>																											
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>																									
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">MGRM</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BUCK, DAVID A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4099 LILY DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SPRING HILL, FL 34607</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	BUCK, DAVID A		STREET ADDRESS	4099 LILY DR		CITY - ST - ZIP	SPRING HILL, FL 34607		10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">8068 Spring Hill Dr</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Spring Hill, FL 34606</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	8068 Spring Hill Dr	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Spring Hill, FL 34606		STREET ADDRESS			CITY - ST - ZIP		
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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 my 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: 		Date <b>4-8-08</b> Daytime Phone # <b>352-686-7331</b>																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																											

**60021856**



04082008 Chg-LLC CR2E083 (12/06)