2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019592

Entity Name: JELLYFISH, L.L.C.

City-St-Zip:

FILED Jul 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2721 GULF BREEZE PARKWAY 13700 PERDIDO KEY DRIVE GULF BREEZE, FL 32563 #207 A PENSACOLA, FL 32507 **Current Mailing Address: New Mailing Address:** 2721 GULF BREEZE PARKWAY 13700 PERDIDO KEY DRIVE GULF BREEZE, FL 32563 #207 A PENSACOLA, FL 32507 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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: Name and Address of New Registered Agent: BORDELON & SCHULTZ LAW FIRM, P.L. KERRY ANNE SCHULTZ, ESQUIRE 2721 GULF BREEZE PARKWAY 2721 GULF BREEZE PAŔKWAY GULF BREEZE, FL 32563 GULF BREEZE, FL 32563 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: KERRY ANNE SCHULTZ, ESQUIRE 07/08/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete Title: () Change (X) Addition STORY, MARCUS Name: Name: Address: Address: 13700 PERDIDO KEY DRIVE, #207 A City-St-Zip: City-St-Zip: PENSACOLA, FL 32507 () Change (X) Addition Title: Title: MGRM () Delete Name: Name: STORY, DANA Address: Address: 13700 PERDIDO KEY DRIVE, #207 A City-St-Zip: City-St-Zip: PENSACOLA, FL 32507 Title: () Delete Title: MGRM () Change (X) Addition Name: JACOBUS, ROBERT Name: 13700 PERDIDO KEY DRIVE, #207 A Address: Address:

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.

City-St-Zip:

PENSACOLA, FL 32507

SIGNATURE: MARCUS STORY MGRM 07/08/2008