

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90018 050 ***138.75

DOCUMENT # L07000023622					
1. Entity Name GHATCHER LLC					
Principal Place of Business 2500 MERCHANTS ROW BLVD. #201 TALLAHASSEE, FL 32311			Mailing Address P.O. BOX 2534 TALLAHASSEE, FL 32316-2534		
2. Principal Place of Business - No P.O. Box # 524 BROOKE HAMPTON DR		3. Mailing Address 524 BROOKE HAMPTON DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TALLAHASSEE FLORIDA		City & State TALLAHASSEE FL		4. FEI Number 14-1990907	
Zip 32305		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, DANAE-P 2500 MERCHANTS ROW BLVD. #201 TALLAHASSEE, FL 32311			7. Name and Address of New Registered Agent Name DANAE P. JOHNSON Street Address (P.O. Box Number is Not Acceptable) 524 BROOKE HAMPTON DRIVE City TALLAHASSEE FL Zip Code 32305		
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 			(NOTE: Registered Agent signature required when reinstating) DATE 5-4-08		
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR	NAME JOHNSON, DANAE P		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS P.O. BOX 2534	CITY-ST-ZIP TALLAHASSEE, FL 323162534		TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS P.O. BOX 2534	CITY-ST-ZIP TALLAHASSEE, FL 323162534		NAME JOHNSON, DANAE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP TALLAHASSEE, FL 323162534	STREET ADDRESS 524 BROOKE HAMPTON DR		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP TALLAHASSEE, FL 323162534	CITY-ST-ZIP TALLAHASSEE, FL 32305		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE MGR	NAME JOHNSON, DANAE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS P.O. BOX 2534	CITY-ST-ZIP TALLAHASSEE, FL 323162534		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP TALLAHASSEE, FL 323162534	STREET ADDRESS 524 BROOKE HAMPTON DR		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP TALLAHASSEE, FL 323162534	CITY-ST-ZIP TALLAHASSEE, FL 32305		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			(850) 878-4472 May 4, 2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					