

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000026080

Entity Name: LODESTONE GLOBAL, LLC

FILED
Mar 14, 2008
Secretary of State

Current Principal Place of Business:

533 N. NOVA ROAD
SUITE 216
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

533 N. NOVA ROAD
SUITE 216
ORMOND BEACH, FL 32174 US

New Mailing Address:

P.O. BOX 4118
ORMOND BEACH, FL 32175 US

FEI Number: 20-8611665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: STRATEGO, LLC,
Address: P.O. BOX 4118
City-St-Zip: ORMOND BEACH, FL 32175 US

Title: MGRM () Delete
Name: JAVION, LLC,
Address: 8 ARCARO COURT
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGRM () Delete
Name: FORWARD LIVING, LLC,
Address: 580 ANDREWS STREET
City-St-Zip: ORMOND BEACH, FL 32174 US

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: JEFFREY BADOVICK

MGRM

03/14/2008

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