
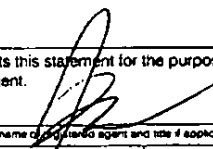
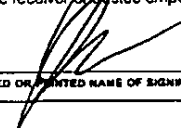


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/1

FILED
Mar 10, 2008 8:00 am
Secretary of State

02-08-2008 90097 002 ***138.75

DOCUMENT # L07000030663			
1. Entity Name STOREFRONT LOCKSMITH.COM LLC			
Principal Place of Business 22 W. MAIN STREET APOPKA, FL 32703		Mailing Address 22 W. MAIN STREET APOPKA, FL 32703	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DE'SORMOUX, JONATHAN D 1631 ROCK SPRINGS RD. SUITE 141 APOPKA, FL 32712-2229		Name <u>Jason D. Gage</u> Street Address (P.O. Box Number, Not Acceptable) <u>1848 Tuscan Mill Way</u> City <u>Ocoee</u> FL Zip Code <u>34761</u>	
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 <u>1-11-08</u>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$338.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Jason D. Gage</u> <u>1848 Tuscan Mill Way</u> <u>Ocoee, FL 34761</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied on 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 <u>1-11-08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

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01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-2111245 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required