2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000037517

Entity Name: OFFSITE BUSINESS SOLUTIONS, LLC.

163 WINSTON MANOR CIRCLE

City-St-Zip: SEFFNER, FL 33584 US

Address:

FILED Jan 04, 2008 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|----------------------------------|------------------------------|---|---|--|
| | TON MANOR R, FL 33584 | | | | |
| Current Mailing Address: | | | New Mailing Addres | s: | |
| | TON MANOR R, FL 33584 | | | | |
| FEI Number | : 20-8823614 | FEI Number Applied For (|) FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | t: Name and Address | Name and Address of New Registered Agent: | |
| | MBER TON MANOR R, FL 33584 | | | | |
| | e named entity e of Florida. | submits this statement for | the purpose of changing its registere | ed office or registered agent, or both | |
| SIGNATU | RE: | | | | |
| | Electro | onic Signature of Registered | d Agent | Date | |
| MANAGING MEMBERS/MANAGERS: | | | ADDITIONS/CHANGES: | | |
| Title: Name: Address: City-St-Zip: | BEAN, AMBEÌ 163 WINSTOI | N MANOR CIRCLE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: | MGRM (|) Delete | Title: Name | () Change () Addition | |

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: JARED BEAN CFO 01/04/2008