

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000047371

Entity Name: WEJOT, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

5224 SHORELINE CIRCLE
STANFORD, FL 32771

New Principal Place of Business:

5224 SHORELINE CIRCLE
SANFORD, FL 32771

Current Mailing Address:

5224 SHORELINE CIRCLE
STANFORD, FL 32771

New Mailing Address:

5224 SHORELINE CIRCLE
SANFORD, FL 32771

FEI Number: 26-0202286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAMER, CHARLES W
1411 EDGEWATER DRIVE
SUITE 200
ORLANDO, FL 32804 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: MGR () Delete
Name: BISHOP, JONATHAN D
Address: 126 RIO COURT
City-St-Zip: DAVENPORT, FL 33896

Title: MGR () Delete
Name: GUTIERREZ, PAOLA
Address: 329 DOLCETTO DRIVE
City-St-Zip: DAVENPORT, FL 33897

Title: MGR () Delete
Name: STRAYER, DOUGLAS C JR.
Address: 329 DOLCETTO DRIVE
City-St-Zip: DAVENPORT, FL 33897

Title: MGR () Delete
Name: VANN, ROBERT B
Address: 5224 SHORELINE CIR.
City-St-Zip: STANFORD, FL 32771

Title: MGR () Delete
Name: VANN, TRACIE A
Address: 5224 SHORELINE CIR.
City-St-Zip: STANFORD, FL 32771

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:

Title: MGR (X) Change () Addition
Name: VANN, ROBERT B
Address: 5224 SHORELINE CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: MGR (X) Change () Addition
Name: VANN, TRACIE A
Address: 5224 SHORELINE CIRCLE
City-St-Zip: SANFORD, FL 32771

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: TRACIE A VANN

MGR

04/30/2008

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