

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000058241

FILED
May 01, 2008
Secretary of State

Entity Name: PERPETUAL IMAGINATION, LLC

Current Principal Place of Business:

154 QUIET WATER TRAIL
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

1231 COUNTY HIGHWAY 283 SOUTH
SANTA ROSA BEACH, FL 32459 US

Current Mailing Address:

154 QUIET WATER TRAIL
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

1231 COUNTY HIGHWAY 283 SOUTH
SANTA ROSA BEACH, FL 32459 US

FEI Number: 26-0277955 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PULLEN, MELISSA N
154 QUIET WATER TRAIL
SANTA ROSA BEACH, FL 32459 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: PULLEN, MELISSA N
Address: 154 QUIET WATER TRAIL
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGR () Delete
Name: NASH, CHARLOTTE N
Address: 181 ANGUS DRIVE
City-St-Zip: BLAKELY, GA 39823 US

ADDITIONS/CHANGES:

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: MELISSA N. PULLEN

MGR

05/01/2008

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