

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000071100

FILED
Apr 23, 2008
Secretary of State

Entity Name: EBBETS, TRASTER & KERCE, L.L.C.

Current Principal Place of Business:

210 SOUTH BEACH STREET
SUITE 200
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

210 SOUTH BEACH STREET
SUITE 200
DAYTONA BEACH, FL 32114 US

New Mailing Address:

FEI Number: 77-0692042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KERCE, JAMES D
210 SOUTH BEACH STREET
SUITE 200
DAYTONA BEACH, FL 32114 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: EBBETS, CHARLES C
Address: 210 SOUTH BEACH STREET, SUITE 200
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: MGRM () Delete
Name: TRASTER, TIMOTHY
Address: 210 SOUTH BEACH STREET, SUITE 200
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: MGRM () Delete
Name: KERCE, JAMES D
Address: 210 SOUTH BEACH STREET, SUITE 200
City-St-Zip: DAYTONA BEACH, FL 32114 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: CHOBEE EBBETS

MGR

04/23/2008

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