
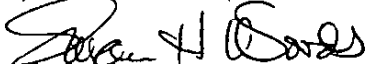


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
6 Aug 19, 2008 8:00 am
Secretary of State

06-24-2008 90044 015 ***138.75

08-19-2008 90027 013 ***400.00

DOCUMENT # L07000072664					
1. Entity Name FLORIDAN AQUIFER LEGAL DEFENSE ORGANIZATION LLC					
Principal Place of Business 7323 NW 90TH AVENUE OCALA, FL 34482			Mailing Address PO BOX 770812 OCALA, FL 34477		
2. Principal Place of Business - No P.O. Box # <i>as above</i>			3. Mailing Address <i>as above</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 41-2255710	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
5. Name and Address of Current Registered Agent HEWETT, CAROL ESQ. 880 VILLAGE HWY PALM HARBOR, FL 34683			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when amending) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WOODS, SUSAN 7323 NW 90TH AVENUE OCALA, FL 34482 <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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11. I hereby certify that the information supplied with 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: 			6/21/08 352-368-5814		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

50009583



03312008 Chg-LLC CR2E083 (12/06)