

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072921

Entity Name: OUR, LLC

FILED
Apr 26, 2009
Secretary of State

Current Principal Place of Business:

5885 EAST CANE COURT
HERNANDO, FL 34442

New Principal Place of Business:

6076 PALM HARBOR DR
LANTANA, FL 33462

Current Mailing Address:

5885 EAST CANE COURT
HERNANDO, FL 34442

New Mailing Address:

2726 HARTZER ST
SOUTH BEND, IN 46628

FEI Number: 26-0529897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOXLER, LAWRENCE G
5885 EAST CANE COURT
HERNANDO, FL 34442 US

Name and Address of New Registered Agent:

BOXLER, LAWRENCE G
6076 PALM HARBOR DR
LANTANA, FL 33462 US

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:

04/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOXLER, LAWRENCE G
Address: 5885 EAST CANE COURT
City-St-Zip: HERNANDO, FL 34442

Title: MGR () Delete
Name: BOXLER, KAREN W
Address: 5885 EAST CANE COURT
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOXLER, LAWRENCE G
Address: 6076 PALM HARBOR DR
City-St-Zip: LANTANA, FL 33462

Title: MGR (X) Change () Addition
Name: BOXLER, KAREN W
Address: 6076 PALM HARBOR DR
City-St-Zip: LANTANA, FL 33462

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: LAWRENCE BOXLER

PRES

04/26/2009

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