

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000077639

FILED
Apr 18, 2008
Secretary of State

Entity Name: SMALL BUSINESS CENTERS, L.L.C.

Current Principal Place of Business:

9556 HISTORIC KINGS ROAD
SUITE 302
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 24446
JACKSONVILLE, FL 32241 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARRELL, SCOTT
11849 TUMBLING OAKS LANE
JACKSONVILLE, FL 32223 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: FARRELL, SCOTT
Address: 11849 TUMBLING OAKS LANE
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: MGRM () Delete
Name: FARRELL, JODI
Address: 11849 TUMBLING OAKS LANE
City-St-Zip: JACKSONVILLE, FL 32223 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: SCOTT FARRELL

MGR

04/18/2008

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