

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90023 021 ***138.75

DOCUMENT # L07000081986 1. Entity Name BUMP NOT, LLC					
Principal Place of Business 6117 INDIAN HILLS ROAD ORLANDO, FL 32808			Mailing Address 6117 INDIAN HILLS ROAD ORLANDO, FL 32808		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 26-0694901 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04182008 Chg-LLC CR2E083 (12/06)			
6. Name and Address of Current Registered Agent HENDRY, STONER, CALANDRINO & BROWN, P.A. 20 N. ORANGE AVENUE, SUITE 600 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Joann W. Harrell Street Address (P.O. Box Number is Not Acceptable) 6117 Indian Hill Rd City Orlando FL Zip Code 32808		
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 <u><i>Joann W. Harrell</i></u> <u>Joann W. Harrell</u> <u>April 23, 2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	MGRM HARRELL, JOANN 6117 INDIAN HILLS ROAD ORLANDO, FL 32808 <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: <u><i>Joann W. Harrell</i></u> <u>Joann W. Harrell</u> <u>4/22/08</u> <u>407-299-8004</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					