

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083943

FILED
Aug 27, 2008
Secretary of State

Entity Name: WHAT YOU WANT, L.L.C.

Current Principal Place of Business:

14909 LAKE PICKETT ROAD
ORLANDO, FL 32820

New Principal Place of Business:

Current Mailing Address:

14909 LAKE PICKETT ROAD
ORLANDO, FL 32820

New Mailing Address:

FEI Number: 26-0720970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POIRIER, LYNN A DR.
14909 LAKE PICKETT ROAD
ORLANDO, FL 32820 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: MGRM () Delete
Name: POIRIER, LYNN A DR.
Address: 14909 LAKE PICKETT ROAD
City-St-Zip: ORLANDO, FL 32820

Title: MGRM () Delete
Name: POIRIER, JANE
Address: 14909 LAKE PICKETT ROAD
City-St-Zip: ORLANDO, FL 32820

Title: MGR () Delete
Name: JENKINS, PAUL M
Address: 110 EAST COLLEGE STREET
City-St-Zip: OZARK, AR 72949

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: LYNN A. POIRIER

MGRM

08/27/2008

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