2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2008
Secretary of State

DOCUMENT# L07000084516

Entity Name: OPTIONS OPEN, LLC

Current Principal Place of Business:

3029 N. ROOSEVELT BLVD., #4
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

3029 N. ROOSEVELT BLVD., #4
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 26-0902868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GANISTER, PATRICIA G
3029 N. ROOSEVELT BLVD., #4
KEY WEST, FL 33040 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: GANISTER, PATRICIA G
Address: 3029 N. ROOSEVELT BLVD., #4
City-St-Zip: KEY WEST, FL 33040

Title: MGRM ( ) Delete
Name: APPLEBY, DELIA
Address: 34 BAY DR.
City-St-Zip: KEY WEST, FL 33040

Title: MGRM ( ) Delete
Name: STAFFORD, MARY
Address: 352 BOCA CHICA RD.
City-St-Zip: KEY WEST, FL 33040

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: MARY STAFFORD MGRM 04/13/2008

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