

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089326

FILED
Aug 29, 2008
Secretary of State

Entity Name: JOHN LASHBROOK ENTERPRISES, LLC

Current Principal Place of Business:

1007 9TH AVENUE NORTH
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

912 NE 2ND AVENUE
FORT LAUDERDALE, FL 33304 US

Current Mailing Address:

1007 9TH AVENUE NORTH
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

912 NE 2ND AVENUE
FORT LAUDERDALE, FL 33304 US

FEI Number: 26-0813221 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHN, LASHBROOK D
1007 9TH AVENUE NORTH
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

LASHBROOK, JOHN D
912 NE 2ND AVENUE
FORT LAUDERDALE, FL 33304 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: JOHN D. LASHBROOK

08/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JOHN, LASHBROOK D
Address: 1007 9TH AVENUE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LASHBROOK, JOHN D
Address: 912 NE 2ND AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304 US

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: JOHN D. LASHBROOK

MGR

08/29/2008

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