

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090640

Entity Name: WALLFLOWERS, LLC

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

19 OLIVE CIRCLE LOOP
OCALA, FL 34472

New Principal Place of Business:

8530 SE 175TH COURT
OCKLAWAHA, FL 32179

Current Mailing Address:

19 OLIVE CIRCLE LOOP
OCALA, FL 34472

New Mailing Address:

8530 SE 175TH COURT
OCKLAWAHA, FL 32179

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

Name and Address of Current Registered Agent:

IIAMS, HEATHER S
19 OLIVE CIRCLE LOOP
OCALA, FL 34472 US

Name and Address of New Registered Agent:

IIAMS, HEATHER S
8530 SE 175TH COURT
OCKLAWAHA, FL 32179 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:

04/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: IIAMS, HEATHER S
Address: 19 OLIVE CIRCLE LOOP
City-St-Zip: Ocala, FL 34472

Title: MGRM () Delete
Name: LANE, JIMMY S
Address: 19 OLIVE CIRCLE LOOP
City-St-Zip: Ocala, FL 34472

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: IIAMS, HEATHER S
Address: 8530 SE 175TH COURT
City-St-Zip: OCKLAWAHA, FL 32179

Title: MGRM (X) Change () Addition
Name: LANE, JIMMY S
Address: 8530 SE 175TH COURT
City-St-Zip: OCKLAWAHA, FL 32179

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: HEATHER S. IIAMS

MGRM

04/25/2008

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