2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# L07000092919

Entity Name: YOUR HOUSE CHECKERS LLC

Current Principal Place of Business:

10093 SW BROOKGREEN DR
PORT ST LUCIE, FL 34987

New Principal Place of Business:

10093 SW BROOKGREEN DR
PORT ST LUCIE, FL 34987 24

Current Mailing Address:

10093 SW BROOKGREEN DR
PORT ST LUCIE, FL 34987

New Mailing Address:

10093 SW BROOKGREEN DR
PORT ST LUCIE, FL 34987 24

FEI Number: 26-1073862 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BLACK, TROY R
10093 SW BROOKGREEN DR
PORT ST LUCIE, FL 34987 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: MGR ( ) Delete
Name: BLACK, TROY R
Address: 10093 SW BROOKGREEN DR
City-St-Zip: PORT ST LUCIE, FL 34987 US

Title: MGR ( ) Delete
Name: AZZONE, MIKE
Address: 10093 SW BROOKGREEN DR
City-St-Zip: PORT ST LUCIE, FL 34987 US

ADDITIONS/CHANGES:

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: TROY R. BLACK MGR 01/15/2008

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