2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: Lement E. Malonay
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING MANAGING MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Mar 17, 2008 8:00 am Secretary of State 03-17-2008 90264 022 ***138.75

3-7-08

863-385-4604 Daytime Phone #

DOCUMENT # L07000097174 1. Enity Name WILLIAM & ELEANOR MALONEY FUND, LLC								U3-17-20		J22 ***13	6.73
Principal Place of Business 3738 CREEKSIDE DR SEBRING, FL 33875			Mailing Address 3738 CREEKSIDE DR SEBRING, FL 33875						•		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03072008	Chg-LLC	CR2E	083 (12/06)	
City & State			City & State				4. FEI Number 26-112			<u> </u>	plied For at Applicable
Zip 	Countr	У У	Zip —	Coun	try		5. Certificate of	of Status Desire	:d	\$5.00 Add Fee Require	litional d
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
MALONEY	/ //ENINETH E				Name						
	', KENNETH E EKSIDE DR - FL 33875			Street Address (P.O. Box Number is Not Acceptable)							
	,	**			City					Zip Code	
					City				F۱	_ Zip Coo	е
8. The above	named entity submits ions of registered age	this statement for	the purpose of changing its	register	ed office or	registere	ed agent, or both	i, in the State of	f Florida. I am	familiar with,	and accept
trio obligat	ions of registered age										
SIGNATURE .	Signature, typed or printed na	me of registered agent an	nd title # applicable. (NOT	E: Registere	d Agent signati	re required	when reinstating)		DATE		
											<u>-</u> .
	NOW!!! FEE IS 1, 2008 Fee wil								flake check i rida Departn		
	/ 1, 2008 Fee wil		IS/MANAGERS	10.				Floa		nent of State	•
After May	/ 1, 2008 Fee wil	li be \$538.75	S/MANAGERS	10.		MGR		ADDITIO	rida Departn	nent of State	e ✓ Addition
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