2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# L07000110897

Entity Name: TERMBROKERS LLC

Current Principal Place of Business:

218C CLOVERDALE BLVD
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

414 SYMPHONY WAY
FREEPORT, FL 32439

Current Mailing Address:

218C CLOVERDALE BLVD
FORT WALTON BEACH, FL 32547

New Mailing Address:

414 SYMPHPNY WAY
FREEPORT, FL 32439

FEI Number: 26-1338218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILL, CHAD E
218C CLOVERDALE BLVD
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

HILL, CHAD E
414 SYMPHONY WAY
FREEPORT, FL 32439 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: CHAD HILL 01/04/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HILL, ANDRIA
Address: 218C CLOVERDALE BLVD
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: MGRM ( ) Delete
Name: HILL, CHAD
Address: 218C CLOVERDALE BLVD
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HILL, ANDRIA
Address: 414 SYMPHONY WAY
City-St-Zip: FREEPORT, FL 32439 US

Title: MGRM (X) Change ( ) Addition
Name: HILL, CHAD
Address: 414 SYMPHONY WAY
City-St-Zip: FREEPORT, FL 32439

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: CHAD HILL MGRM 01/04/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date