2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2009
Secretary of State

DOCUMENT# L07000111548

Entity Name: SQUADRON NOSTALGIA LLC

Current Principal Place of Business:

6810 BERRYHILL STREET
MILTON, FL 32570 US

New Principal Place of Business:

127 PRINCE ST
ALEXANDRIA, VA 22314 US

Current Mailing Address:

6810 BERRYHILL STREET
MILTON, FL 32570 US

New Mailing Address:

127 PRINCE ST
ALEXANDRIA, VA 22314 US

FEI Number: 61-1544100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NATHAN, ROCKLEIN M
6810 BERRYHILL STREET
MILTON, FL 32570 US

Name and Address of New Registered Agent:

BIZFILINGS
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: BRENNA MORIARTY 02/22/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ROCKLEIN, ROSE M
Address: 6810 BERRYHILL STREET
City-St-Zip: MILTON, FL 32570 US

Title: MGR (X) Delete
Name: ROCKLEIN, NATHAN M
Address: 6810 BERRYHILL ST
City-St-Zip: MILTON, FL 32570 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ROCKLEIN, NATHAN M
Address: 127 PRINCE ST
City-St-Zip: ALEXANDRIA, VA 22314 US

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: NATHAN M. ROCKLEIN MGR 02/22/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date