

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116555

FILED
Apr 29, 2008
Secretary of State

Entity Name: THE BLUE OSTRICH LIFESTYLE AND WELLNESS COACHING, LLC

Current Principal Place of Business:

2148 ST. JOHNS AVENUE
JACKSONVILLE, FL 32204

New Principal Place of Business:

15014 BULOW CREEK DRIVE
JACKSONVILLE, FL 32258

Current Mailing Address:

P.O. BOX 40801
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 26-1504157 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOULTON, CLAUDE R
2014 N. LAURA STREET
JACKSONVILLE, FL 32206 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: MGRM () Delete
Name: KEEN, JESSE O
Address: 2148 ST. JOHNS AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM () Delete
Name: SCARBOROUGH, LORI
Address: 1178 KNOBB HILL DRIVE
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KEEN, JESSE O
Address: 15014 BULOW CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGRM (X) Change () Addition
Name: SCARBOROUGH, LORI
Address: 15014 BULOW CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

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: LORI L SCARBOROUGH

MGRM

04/29/2008

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