


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90151 020 \*\*\*138.75

**DOCUMENT # L07000120083**

1. Entity Name  
**ONE DEGREE, LLC**



Principal Place of Business 550 W CYPRESS CREEK RD STE 301 FT LAUDERDALE, FL 33309	Mailing Address 550 W CYPRESS CREEK RD STE 301 FT LAUDERDALE, FL 33309
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**50004431**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02152008 Chg-LLC CR2E083 (12/06)

4. FEI Number 90-0340404	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GREENSPOON MARDER, P.A.**  
**100 W CYPRESS CREEK RD**  
**STE 700**  
**FT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name: **Justin Eriksen**  
 Street Address (P.O., Box Number is Not Acceptable): **550 W. Cypress Creek Rd**  
**Ste 301**  
 City: **Fort Lauderdale** FL Zip Code: **33309**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *J.E. Eriksen* DATE: 4/17/08

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ERIKSEN, JUSTIN 550 W CYPRESS CREEK RD - STE 301 FT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *J.E. Eriksen* DATE: 4/17/08 (954) 202-21650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #