

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 30, 2008  
Secretary of State**

DOCUMENT# L07000121728

Entity Name: 979 OLD POST ROAD, LLC

**Current Principal Place of Business:**

11 SLOAN'S CURVE DRIVE, #11  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

11 SLOAN'S CURVE DRIVE, #11  
PALM BEACH, FL 33480

**New Mailing Address:**

FEI Number: 26-1527085

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GY CORPORATE SERVICES, INC.  
777 SOUTH FLAGLER DRIVE, STE. 500 EAST  
WEST PALM BEACH, FL 33401 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: MGR ( ) Delete  
Name: SLATER, KENNETH Z  
Address: 11 SLOAN'S CURVE DRIVE, #11  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES:**

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: KEN SLATER

MGR

04/30/2008

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