2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# L07000122561

Entity Name: STUDS ARE IN, LLC

Current Principal Place of Business:

96 JUNIPER PASS
2
OCALA, FL 34480 US

New Principal Place of Business:

9634 SE 122ND PLACE
BELLEVIEW, FL 34420

Current Mailing Address:

PO BOX 1617
OCALA, FL 34478 US

New Mailing Address:

PO BOX 1617
OCALA, FL 34478

FEI Number: 75-3263042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, ANGELA D
96 JUNIPER PASS
2
OCALA, FL 34480 US

Name and Address of New Registered Agent:

JONES, ANGELA D
9634 SE 122ND PLACE
BELLEVIEW, FL 34420 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: ANGELA D. JONES 03/22/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JONES, ANGELA D
Address: 96 JUNIPER PASS
City-St-Zip: OCALA, FL 34480 US

Title: MGR ( ) Delete
Name: CARRILLO, NORMA L
Address: 244 SE 54TH COURT
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: JONES, ANGELA D
Address: PO BOX 1617
City-St-Zip: OCALA, FL 34478 US

Title: MGRM (X) Change ( ) Addition
Name: TOSSAS, CHELSEA G
Address: 9634 SE 122ND PLACE
City-St-Zip: BELLEVIEW, FL 34420

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: CHELSEA G. TOSSAS MGRM 03/22/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date