

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122619

**FILED**  
**Feb 10, 2008**  
**Secretary of State**

**Entity Name:** FOOL PROOF HOME BUISNESS LLC

**Current Principal Place of Business:**

4091 CYPRESS REACH CT. APT. 505  
POMPANO BEACH, FL 33069 US

**New Principal Place of Business:**

4091 CYPRESS REACH CT. APT. 505  
505  
POMPANO BEACH, FL 33069 US

**Current Mailing Address:**

4091 CYPRESS REACH CT. APT. 505  
POMPANO BEACH, FL 33069 US

**New Mailing Address:**

FEI Number: 26-1747905      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

LACOMBE, ONNALEE  
4091 CYPRESS REACH CT.  
POMPANO BEACH, FL 33069 US

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

LACOMBE, ONNALEE  
4091 CYPRESS REACH CT.  
505  
POMPANO BEACH, FL 33069 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: \_\_\_\_\_

02/10/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LACOMBE, PETER  
Address: 4091 CYPRESS REACH CT. APT. 505  
City-St-Zip: POMPANO BEACH, FL 33069 US

**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: PETER LACOMBE

MGR

02/10/2008

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