

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125768

Entity Name: 671 ADDIE, LLC

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

511 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

511 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 26-1602795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROZA, JOHN
511 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

GROZA, JOHN A
511 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34953 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: JOHN A GROZA

04/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GROZA, JOHN
Address: 1417 SW OSPREY COVE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: MGRM () Delete
Name: GROZA, PATRICIA
Address: 1417 SW OSPREY COVE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GROZA, JOHN A
Address: 1417 SW OSPREY COVE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: MGRM (X) Change () Addition
Name: GROZA, PATRICIA A
Address: 1417 SW OSPREY COVE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

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: PATRICIA A GROZA

MGRM

04/23/2008

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