

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125971

Entity Name: NEIGHBOR, L.L.C.

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

DAVID GRAHAM
505 WILSON ROAD
ANNAPOLIS, MD 21401

New Principal Place of Business:

529 S INDUSTRY RD
COCOA, FL 32926

Current Mailing Address:

DAVID GRAHAM
505 WILSON ROAD
ANNAPOLIS, MD 21401

New Mailing Address:

FEI Number: 14-2013927 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINOT, MICHAEL S
319 RIVEREDGE BLVD., SUITE 218
COCOA, FL 32922 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: MGRM () Delete
Name: GRAHAM, DAVID
Address: 505 WILSON ROAD
City-St-Zip: ANNAPOLIS, MD 21401

Title: MGRM () Delete
Name: WAGNER, KENNETH R
Address: 205 MT. OAK PLACE
City-St-Zip: ANNAPOLIS, MD 21401

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID GRAHAM MGRM 01/20/2009

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