

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000011734

Entity Name: EXIT 101, LLC

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

1300 N.E. JENSEN BEACH BOULEVARD
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

1300 N.E. JENSEN BEACH BOULEVARD
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: 26-1873570 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, SHEILA
1300 N.E. JENSEN BEACH BOULEVARD
JENSEN BEACH, FL 34957 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: JOHNSON, SHEILA
Address: 1300 N.E. JENSEN BEACH BOULEVARD
City-St-Zip: JENSEN BEACH, FL 34957

Title: MGR () Delete
Name: JOHNSON, TAYLOR
Address: 1300 N.E. JENSEN BEACH BOULEVARD
City-St-Zip: JENSEN BEACH, FL 34957

Title: MGR () Delete
Name: JOHNSON, REAGAN
Address: 1300 N.E. JENSEN BEACH BOULEVARD
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES:

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

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: SHEILA JOHNSON

MGRM

04/20/2009

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