2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# L08000014322

Entity Name: FANTASY CHOPPERS, LLC

Current Principal Place of Business:

3934 PRUDENCE DR
SARASOTA, FL 34235

New Principal Place of Business:

Current Mailing Address:

3934 PRUDENCE DR
SARASOTA, FL 34235

New Mailing Address:

FEI Number: 80-0160713 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SNELLING, JEFFREY P ESQ
2201 RINGLING BLVD
STE 201
SARASOTA, FL 34237 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:	BENJAMIN, JAMES W	
Address:	3934 PRUDENCE DR	
City-St-Zip:	SARASOTA, FL 34235	
Title:	MGRM	( ) Delete
Name:	HALAS, JULIUS	
Address:	3829 GLEN OAKS MANOR DR	
City-St-Zip:	SARASOTA, FL 34232	
Title:	MGRM	(X) Delete
Name:	BOLAM, JOHN	
Address:	2839 HARDEE DR	
City-St-Zip:	SARASOTA, FL 34231	

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: JAMES W . BENJAMIN MGRM 04/11/2009

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