2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# L08000022213

Entity Name: GET DOWN LOADED LLC

Current Principal Place of Business:

13140 LK MARY JANE RD
ORLANDO, FL 32832

New Principal Place of Business:

Current Mailing Address:

PO BOX 532058
ORLANDO, 32853

New Mailing Address:

PO BOX 532058
ORLANDO, FL 32853

FEI Number: 26-2077275 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANK, FRED
13140 LK MARY JANE RD
ORLANDO, FL 32832 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: FRANK, FRED
Address: PO BOX 532058
City-St-Zip: ORLANDO, FL 32853 US

Title: MGRM ( ) Delete
Name: MUELLER, MICHAEL
Address: 13140 LK MARY JANE RD
City-St-Zip: ORLANDO, FL 32832 US

Title: MGRM ( ) Delete
Name: FRANK, JANE
Address: PO BOX 532058
City-St-Zip: ORLANDO, FL 32853 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FRANK, FRED
Address: 13140 LK MARY JANE RD
City-St-Zip: ORLANDO, FL 32832 US

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

Title: MGRM (X) Change ( ) Addition
Name: FRANK, JANE
Address: 13140 MARY JANE RD
City-St-Zip: ORLANDO, FL 32832 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: FRED FRANK MGR 01/23/2009

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