

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000022345

Entity Name: ACTIVE OPTIONS, LLC

FILED
May 21, 2009
Secretary of State

Current Principal Place of Business:

557 ZINFANDEL COURT
OCOE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1262
OCOE, FL 34761 US

New Mailing Address:

FEI Number: 26-2286199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LEWIS, HEADLY O
412 N.W 25TH AVE
BOYNTON BEACH, FL 33426 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSE-BAXTER, LLOYDA
Address: 557 ZINFANDEL COURT
City-St-Zip: OCOE, FL 34761

Title: MGRM () Delete
Name: BAXTER, COURTNEY
Address: 557 ZINFANDEL COURT
City-St-Zip: OCOE, FL 34761 US

Title: MGRM () Delete
Name: LEWIS, HEADLY O
Address: 412 N.W 25TH AVE
City-St-Zip: BOYNTON BEACH, FL 33426 US

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: LLOYDA ROSE-BAXTER

MGRM

05/21/2009

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