2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024345

Entity Name: MULTIPLE STREAMS, LLC

FILED Mar 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12945 SEMINOLE BLVD SUITE 8, BLDG.1 SEMINOLE, FL 33778

Current Mailing Address: New Mailing Address:

12945 SEMINOLE BLVD SUITE 8, BLDG.1 SEMINOLE, FL 33778 US

FEI Number: 23-3180859 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEWIS, ANGELA 12945 SEMINOLE BLVD SUITE 8, BLDG. 1 SEMINOLE, FL 33778 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:

Date

Title:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES:

Electronic Signature of Registered Agent

SEMINOLE, FL 33778 US

LEWIS, ANGELA

(X) Change () Addition

12945 SEMINOLE BLVD, STE 8, BLDG.1

MANAGING MEMBERS/MANAGERS:

MGRM () Delete

Name: LEWIS, ANGELA

Address: 12945 SEMINOLE BLVD, STE 8, ,BLDG.1

City-St-Zip: SEMINOLE, FL 33778 US

Title: () Delete Title: MGR () Change (X) Addition

Name: Name: DELGADO, SKYLAR

Address: Address: 12945 SEMINOLE BLVD STE 8 BLDG 1

City-St-Zip: City-St-Zip: SEMINOLE, FL 33778 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: ANGELA LEWIS **MGRM** 03/18/2009