2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# L08000067440

Entity Name: 819 FAULL, L.L.C.

Current Principal Place of Business:

635 SOMMERS HAMMOCK LANE
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 542307
MERRITT ISLAND, FL 329542307

New Mailing Address:

FEI Number: 26-2979617 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOCH, DAVID C
635 SOMMERS HAMMOCK LANE
MERRITT ISLAND, FL 32953 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: KOCH, DAVID C
Address: 635 SOMMERS HAMMOCK LANE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: MGRM ( ) Delete
Name: KOCH, VERNON R
Address: 635 SOMMERS HAMMOCK LANE
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES:

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: DAVID C KOCH MGRM 01/23/2009

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