2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# L08000074855

Entity Name: EXECEPTIONAL EVENTS, LLC

Current Principal Place of Business:

605 VIA CHRIS COURT
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

605 VIA CHRIS COURT
DEBARY, FL 32713

New Mailing Address:

FEI Number: 26-3149491 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAHONEY, DIANE L
605 VIA CHRIS COURT
DEBARY, FL 32713 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: MGR ( ) Delete
Name: MAHONEY, DIANE L
Address: 605 VIA CHRIS COURT
City-St-Zip: DEBARY, FL 32713

Title: MGRM ( ) Delete
Name: WINSLOW, SAMUEL
Address: 605 VIA CHRIS COURT
City-St-Zip: DEBARY, FL 32713

Title: MGRM ( ) Delete
Name: NELSON, ALEX
Address: 605 VIA CHRIS COURT
City-St-Zip: DEBARY, FL 32713

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: DIANE L. MAHONEY PRES 01/05/2009

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