

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000078917

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: EPH320, LLC

**Current Principal Place of Business:**

505 GLEN CHEEK DRIVE  
CAPE CANAVERAL, FL 32920 US

**New Principal Place of Business:**

6075 N. US HWY 1  
MELBOURNE, FL 32940 US

**Current Mailing Address:**

505 GLEN CHEEK DRIVE  
CAPE CANAVERAL, FL 32920 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

PENOVICH, JOSEPH F  
505 GLEN CHEEK DRIVE  
CAPE CANAVERAL, FL 32920 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: PENOVICH, JOSEPH F  
Address: 505 GLEN CHEEK DRIVE  
City-St-Zip: CAPE CANAVERAL, FL 32920 US

**ADDITIONS/CHANGES:**

Title: OWNE (X) Change ( ) Addition  
Name: PENOVICH, JOSEPH F  
Address: 505 GLEN CHEEK DRIVE  
City-St-Zip: CAPE CANAVERAL, FL 32920 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: JOSEPH F PENOVICH

OWN

03/24/2009

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