

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000081804

Entity Name: FAR FROM GENIUS LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

1802 N. ALAFAYA TRAIL, SUITE 145
ORLANDO, FL 32826

New Principal Place of Business:

10151 UNIVERSITY BLVD STE 275
ORLANDO, FL 32817

Current Mailing Address:

1802 N. ALAFAYA TRAIL, SUITE 145
ORLANDO, FL 32826

New Mailing Address:

10151 UNIVERSITY BLVD STE 275
ORLANDO, FL 32817

FEI Number: 26-3266531 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:

BORNFREUND, MATTHEW
1802 N. ALAFAYA TRAIL, SUITE 145
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

BORNFREUND, MATTHEW
10151 UNIVERSITY BLVD STE 275
ORLANDO, FL 32817 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:

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BORNFREUND, MATTHEW
Address: 1802 N. ALAFAYA TRAIL, SUITE 145
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BORNFREUND, MATTHEW
Address: 10151 UNIVERSITY BLVD STE 275
City-St-Zip: ORLANDO, FL 32817

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: MATTHEW BORNFREUND

MGRM

05/01/2009

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