

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000097270

Entity Name: PASS PROGRAM SOUTH, LLC

FILED
Feb 04, 2009
Secretary of State

Current Principal Place of Business:

120 SEAGROVE MAIN STREET
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

120 SEAGROVE MAIN STREET
ST. AUGUSTINE, FL 32080 US

Current Mailing Address:

120 SEAGROVE MAIN STREET
ST. AUGUSTINE, FL 32080

New Mailing Address:

924-P WATERVIEW WAY
CHAMPAIGN, IL 61822 US

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

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: WOLF, HANS MD
Address: 120 SEAGROVE MAIN STREET
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: WOLF MD, HANS MD
Address: 120 SEAGROVE MAIN STREET
City-St-Zip: ST. AUGUSTINE, FL 32080

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: HANS WOLF MD

MGRM

02/04/2009

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