2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008
Secretary of State

DOCUMENT# M01000002018

Entity Name: ARBORIS, LLC

Current Principal Place of Business:

1201 WEST LATHROP AVENUE
GATE 16
SAVANNAH, GA 3l415

New Principal Place of Business:

1101 WEST LATHROP AVENUE
GATE 16
SAVANNAH, GA 3l415

Current Mailing Address:

6622 SOUTHPOINT DRIVE SOUTH SUITE 495
JACKSONVILLE, FL 32216

New Mailing Address:

P. O. BOX 2008
SAVANNAH, GA 31402

FEI Number: 59-3730188 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRESSER, LAHNEN AND EDELMAN
C/O EVE BROWN
6622 SOUTHPOINT DRIVE SOUTH SUITE 495
JACKSONVILLE, FL 32216 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:	HARTING, STEPHEN A MEMBER	
Address:	EL QUISCO 3140, LAS CONDES	
City-St-Zip:	SANTIAGO, NA CHILE CH	
Title:	MGRM	( ) Delete
Name:	HARTING, THOMAS PRESIDE	
Address:	EL QUISCO, LAS CONDES	
City-St-Zip:	SANTIAGO, NA CHILE CH	
Title:	MGRM	( ) Delete
Name:	ACTON, PETER L GEN MGR	
Address:	1201 WEST LATHROP AVENUE, GATE 16	
City-St-Zip:	SAVANNAH, GA 31415 US	
Title:	MGRM	( ) Delete
Name:	ANDERSON, JEANNE CFO	
Address:	1201 WEST LATHROP AVENUE, GATE 16	
City-St-Zip:	SAVANNAH, GA 31415 US	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	ACTON, PETER L GEN MGR	
Address:	1101 WEST LATHROP AVENUE, GATE 16	
City-St-Zip:	SAVANNAH, GA 31415 US	
Title:	MGRM	(X) Change ( ) Addition
Name:	ANDERSON, JEANNE CFO	
Address:	1101 WEST LATHROP AVENUE, GATE 16	
City-St-Zip:	SAVANNAH, GA 31415 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: JEANNE D. ANDERSON MGRM 03/13/2008

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