2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000992

Entity Name: CONTRARIAN LLC

Current Principal Place of Business:	**New Principal Place of Business:**
15310 AMBERTY DRIVE, STE. 220 TAMPA, FL 33647	15310 AMBERLY DRIVE, STE. 220 TAMPA, FL 33647

Current Mailing Address:	**New Mailing Address:**
15310 AMBERTY DRIVE, STE. 220 TAMPA, FL 33647	15310 AMBERLY DRIVE, STE. 220 TAMPA, FL 33647

FEI Number: 75-3230073   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	LCM GLOBAL PARTNERS, LLC	Name:	LCM GLOBAL PARTNERS, LLC
Address:	15310 AMBERTY DRIVE, STE. 220	Address:	15310 AMBERLY DRIVE, STE. 220
City-St-Zip:	TAMPA, FL 33647	City-St-Zip:	TAMPA, FL 33647

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	RJ CONTRARIAN LLC,	Name:	RJ CONTRARIAN LLC,
Address:	880 CARILLOU PARKWAY	Address:	880 CARILLON PARKWAY
City-St-Zip:	ST. PETERSBURG, FL 33716	City-St-Zip:	ST. PETERSBURG, FL 33716

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: LCM GLOBAL PARTNERS LLC   MGRM   04/24/2008
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date