

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000002314

Entity Name: ENEIGHBORHOODS, LLC

**FILED**  
**Jan 16, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

100 WEST PLUME STREET  
NORFOLK, VA 23510

**New Principal Place of Business:**

150 GRANBY STREET  
NORFOLK, VA 23510

**Current Mailing Address:**

100 WEST PLUME STREET  
NORFOLK, VA 23510

**New Mailing Address:**

150 GRANBY STREET  
NORFOLK, VA 23510

FEI Number: 20-8622928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: HALL CONRAD, M  
Address: 100 WEST PLUME STREET  
City-St-Zip: NORFOLK, VA 23510

Title: MGR (X) Delete  
Name: REID, BRITTON A  
Address: 100 WEST PLUME STREET  
City-St-Zip: NORFOLK, VA 23510

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DOMINION ENTERPRISES,  
Address: 150 GRANBY STREET  
City-St-Zip: NORFOLK, VA 23510

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL E. ASKEW

TREA

01/16/2008

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