

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010372

**FILED**  
**Jan 28, 2008**  
**Secretary of State**

**Entity Name:** 803 DRUID ROAD SOUTH, L.L.C.

**Current Principal Place of Business:**

803 DRUID RD S.  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

803 DRUID RD S.  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:** 35-2187801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COSMA, EDELMIRA L  
803 DRUID RD S.  
CLEARWATER, FL 33756 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: EDELMIRA COSMA SOLE, MEMBER  
Address: 803 DRUID RD S.  
City-St-Zip: CLEARWATER, FL 33756

**ADDITIONS/CHANGES:**

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: EDELMIRA COSMA

MGR

01/28/2008

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