2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 06, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # L02000021						02-06-20	08 90122	. 020 ***1	36.73
Principal Plac	e of Business	Mailing Address						1051		
6500 - 66TH ST N. 6500 - 66TH ST N							60006	1620		
	RSBURG, FL 33781	SAINT PETERSBURG, FL 33781								
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2 Principal P	face of Business - No P.O. Box #	3. Mailing Address								
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.				01092008	Chg-LLC	CBaEa	83 (12/06)	
	·									
City & State		City & State				4. FEI Number 33-101			- 	plied For
Zip Country		Zip Coun		~			·		\$5.00 Add	t Applicable
_,p	South 1		000.11	.,		5. Certificate	of Status Desired		Fee Require	
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New	Registered /	Agent	
				Name						
	ORATION SYSTEM TH PINE ISLAND ROAD **			Street Address (P.O. Box Number is Not Acceptable)						
	ION, FL 33324									
	, , , , , , , , , , , , , , , , , , , ,									
				City				FL	Zip Code	e
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	named entity submits this statement to ions of registered agent.	r me purpose or changing its	registere	ea onice or	ieBizrere	rd agent, or bo	in, in the State of F	tonoa. Tam	iammar wiui,	ало ассері
SIGNATURE										
***	Signature, typed or printed name of registered agent	and title if applicable. (NOT)	E: Registere	d Agent signatu	re required y	when reinstating)		DATE		
						· I				
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	•						ke check p la Departm	ayable to ent of State	9
			10.				Florid		ent of State	9
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9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM TAMPA BAY NSCUC 191 N WACKER DR STE 925	RS/MANAGERS	TITLE NAMI STRE	E ET ADDRESS	Tam.	pa Bay Wacke	Florid	Ja Departm	Change	
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Indicated on this report is true and accurate and that my signature shall have the exemptions contained in Chapter 119, Horida Statutes. I turtner certify mat the information indicated on this report is true and accurate and that my 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 secure this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND THE OF PRINTIP NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #