## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## FILED Apr 11, 2008 08:00 A Secretary of State **DOCUMENT # L03000049555** 1. Entity Name MICHAEL G. PRESLAR, L.L.C. Principal Place of Business Mailing Address **5810 WESTPORT LANE 5810 WESTPORT LANE** NAPLES, FL 34116 NAPLES, FL 34116 04082008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0014068 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PRESLAR, MICHAEL G **5810 WESTPORT LANE** NAPLES, FL 34116 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 000000892572 04/23/08-80071-024 138.75 TITLE MGR PRESLAR, MICHAEL G NAME 5810 WESTPORT LANE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34116 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CRY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature small have the same legal effect as if made under oath; that I am a managing member or manager of the ilmited liability company or the receiver of frustee empowered to execute that report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADORESS CITY-ST-ZIP