
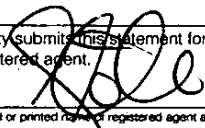
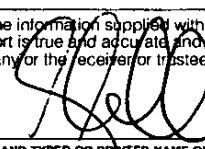


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90126 022 ***138.75

DOCUMENT # L04000028292			
1. Entity Name LOOP LLC			
Principal Place of Business 1218 COURT STREET SUITE A CLEARWATER, FL 33756 US		Mailing Address 1218 COURT STREET SUITE A CLEARWATER, FL 33756 US	
2. Principal Place of Business - No P.O. Box # 1000 South Ft. Harrison Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1266 Suite, Apt. #, etc.	
City & State Clearwater FL		City & State Clearwater FL	
Zip 33756	Country USA	Zip 33757	Country USA
4. FEI Number 20-0994366		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCDANIEL, PAUL 1218 COURT STREET SUITE A CLEARWATER, FL 33756		7. Name and Address of New Registered Agent Name: Steve Anderson Street Address (P.O. Box Number is Not Acceptable): 1000 South Ft. Harrison City: Clearwater FL Zip Code: 33756	
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: 4/21/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORTIS HOLDINGS, LLC <input checked="" type="checkbox"/> Delete 1218 COURT STREET, SUITE A CLEARWATER, FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, STEVE <input type="checkbox"/> Delete 1218 COURT ST., SUITE A CLEARWATER, FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anderson, Steve <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 South Ft. Harrison Clearwater, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing 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 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 officer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: 4/21/08 Daytime Phone #: 727-483-9243	

Wd 1 11



04162008 Chg-LLC CR2E083 (12/06)