## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000065838

1. Entity Name CIRCA 1928 LLC



Principal Place of Business

Mailing Address

5938 RIVER ROAD

CITY-ST-ZIP

SIGNATURÉ

NEW PORT RICHEY, FL 34652 US

5938 RIVER ROAD

NEW PORT RICHEY, FL 34652

US

## FILED Mar 08, 2007 8:00 am Secretary of State

03-08-2007 90192 049 \*\*\*\*50.00

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01252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable
_ \$5.0	)n Additional

5. Certificate of Status Desired

Fee Required

Daytime Phone a

6. Name and Address of Current Registered Agent

MAGRUDER, SONIA 5938 RIVER ROAD NEW PORT RICHEY, FL 34652

## DO NOT WRITE IN THIS SPACE

the obligat	named entity submits this statement for the purpose of cha- tions of registered agent.	nging its registère	d office or registered agent, or both, in the S	State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	Agent signature required when reinstating) DATE		
Fi	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			<del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAGRUDER, SONIA 5938 RIVER ROAD NEW PORT RICHEY, FL 34652			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAGRUDER, DOUGLAS JR. 5938 RIVER ROAD NEW PORT RICHEY, FL 34652			
TITLE NAME STREET ADDRESS CJTY-ST-ZIP			DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SSPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

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 faceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE