


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000065838**  
 1. Entity Name  
 CIRCA 1928 LLC



Principal Place of Business 5938 RIVER ROAD NEW PORT RICHEY, FL 34652 US	Mailing Address 5938 RIVER ROAD NEW PORT RICHEY, FL 34652 US
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**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-LLC CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE 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**

**9. MANAGING MEMBERS/MANAGERS**

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
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U00000944058  
 05/29/08-80081-020 138.75

**DO NOT WRITE IN THIS SPACE**

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 receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

**SIGNATURE:** *Sonia Magruder* 4/29/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #