


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000065505**

1. Entity Name  
**MARTIN, CONDON & MENDONCA, P.L.**



Principal Place of Business      Mailing Address

7515 STATE ROAD 52, #102      7515 STATE ROAD 52, #102  
 HUDSON, FL 34667                  HUDSON, FL 34667

**DO NOT WRITE IN THIS SPACE**



01312008No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-3115743</b>	Applied For Not Applicable
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5. Certificate of Status Desired        **\$5.00** Additional Fee Required

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

MENDONCA, HUGO  
 7515 STATE ROAD 52, #102  
 HUDSON, FL 34667

**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**

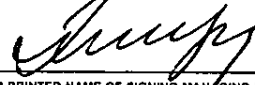
U00000903782  
 04/30/08-80059-020 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	MENDONCA, HUGO
STREET ADDRESS	7515 STATE RD 52 SUITE 102
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	MGRM
NAME	CONDON, JAMES
STREET ADDRESS	7515 STATE RD 52 SUITE 102
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	MGRM
NAME	MARTIN, LAURENCE
STREET ADDRESS	7515 STATE RD 52 SUITE 102
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 608, Florida Statutes.

**SIGNATURE:**       **4/9/2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #