

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L06000002662
 1. Entity Name
 208 HOLDINGS, L.L.C.



Principal Place of Business 9701 BEVERLY S. ECKHARDT C/O BEVERLY S. ECKHARDT RIVERVIEW, FL 33569	Mailing Address 9701 BEVERLY S. ECKHARDT C/O BEVERLY S. ECKHARDT RIVERVIEW, FL 33569
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04162008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2192968	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CONE, THOMAS E JR, ESQ
 150A WHITAKER RD
 LUTZ, FL 33549-7611

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

000000908305
 05/06/08-80024-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECKHARDT, BEVERLY S 9701 SUNNYOAK DRIVE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMOLEK, GARY W 4 E. PARK AVE. ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMOLEK, MICHAEL A P.O. BOX 32 ST. MARY CITY, MD 20686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMOLEK, KENNETH E P.O. BOX 50881 EUGENE, OR 97405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

Beverly S. Eckhardt
SIGNATURE: Beverly S. Eckhardt

4/17/08 813/340-8690
Date Daytime Phone #

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