


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000004637**

1. Entity Name  
 308 EAST 5TH AVENUE LLC



Principal Place of Business 308 EAST FIFTH AVENUE MOUNT DORA, FL 32757	Mailing Address 308 EAST FIFTH AVENUE MOUNT DORA, FL 32757
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**DO NOT WRITE IN THIS SPACE**



01072008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-8323766	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

CLEMENT, G. EDWARD  
 308 EAST FIFTH AVENUE  
 MOUNT DORA, FL 32757

**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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

04/16/08-90058-010 138.75

**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	MGR POTTER, DEL G 308 EAST FIFTH AVENUE MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLEMENT, G. EDWARD 308 EAST FIFTH AVENUE MOUNT DORA, FL 32757
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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: *D. G. W. Cee* 3/31/08

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