


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 30, 2007 8:00 am
Secretary of State

04-11-2007 90161 049 ****50.00

DOCUMENT # L06000068938
 1. Entry Name
MARCH 1988, LLC



Principal Place of Business
**1349 W. OLIVE STREET
 LAKELAND, FL 33815 US**

Mailing Address
**P.O. BOX 24357
 LAKELAND, FL 33802 US**

30006254



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5197962 Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**WILKEY, CARL D
 160 S. PENN AVENUE
 LAKE ALFRED, FL 33850**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 reappointing)

**Filing Fee is \$60.00
 Due by May 1, 2007**

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	MGRM	WILKEY, CARL D	160 S. PENN AVENUE LAKE ALFRED, FL 33850	<input type="checkbox"/> Delete			
	MGRM	ODOM, OWEN E	5212 STONE OAK DRIVE LAKELAND, FL 33811	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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: *Carl Wilkey* **CARL WILKEY** 1/3/07 863-683-0674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER: MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Carl Wilkey