

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000097503	
1. Entity Name 1196, LLC	

Principal Place of Business 1900 SERPENTINE DRIVE SOUTH ST. PETERSBURG, FL 33712	Mailing Address 1900 SERPENTINE DRIVE SOUTH ST. PETERSBURG, FL 33712
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**DO NOT WRITE IN THIS SPACE**



04142008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-5609616	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

AYERS, VALERIE L  
 1900 SERPENTINE DRIVE SOUTH  
 ST. PETERSBURG, FL 33712

**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 AYERS 1 LIMITED PARTNERSHIP 1900 SERPENTINE DRIVE SOUTH ST. PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000937604  
 05/27/08-80056-006 2026.25

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: Valerie Lynn Ayers 4/28/08 727-215-4205  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #