

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110362

FILED
Apr 10, 2008
Secretary of State

Entity Name: CORA CORNES COMPANY, LLC

Current Principal Place of Business:

1303 MONTE LAKE DR.
VALRICO, FL 33594 US

New Principal Place of Business:

1303 MONTE LAKE DR.
VALRICO, FL 33596 US

Current Mailing Address:

1303 MONTE LAKE DR.
VALRICO, FL 33594 US

New Mailing Address:

1303 MONTE LAKE DR.
VALRICO, FL 33596 US

FEI Number: 87-0787267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORNES, CORA
1303 MONTE LAKE DR.
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

CORNES, CORA
1303 MONTE LAKE DR.
VALRICO, FL 33596 US

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.

SIGNATURE: _____

04/10/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CORNES, CORA
Address: 1303 MONTE LAKE DR.
City-St-Zip: VALRICO, FL 33594 US

Title: MGRM () Delete
Name: CORNES, JEFFREY
Address: 1303 MONTE LAKE DR.
City-St-Zip: VALRICO, FL 33594 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CORNES, CORA
Address: 1303 MONTE LAKE DR.
City-St-Zip: VALRICO, FL 33596 US

Title: MGRM (X) Change () Addition
Name: CORNES, JEFFREY
Address: 1303 MONTE LAKE DR.
City-St-Zip: VALRICO, FL 33596 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CORA L. CORNES

MGR

04/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date