

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90029 018 ***138.75



DOCUMENT # L07000124810

1. Entity Name
3054 49TH LLC

Principal Place of Business
740 DEBRECEN ROAD
SARASOTA FL 34240
US

Mailing Address
740 DEBRECEN ROAD
SARASOTA FL 34240
US



2. Principal Place of Business - No P.O. Box #
700 Debreceen Road
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2364
Suite, Apt. #, etc.

City & State
Sarasota, FL
Zip
34240
Country
US

City & State
Sarasota, FL
Zip
34230
Country
US

4. FEI Number
Applied For
 Not Applicable

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

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHERK, CHRIS
740 DEBRECEN ROAD
SARASOTA FL 34240

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 remaining)

FILE NOW!!! - FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	SHERK, CHRIS	700 DEBRECEN ROAD	SARASOTA FL 34240	<input type="checkbox"/>
MGRM	SHERK, MELINDA	700 DEBRECEN ROAD	SARASOTA FL 34240	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Chris Sherk 4/11/08 941 504 0407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE