

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000033312

1. Entity Name
BANKS & ASSOCIATES LLC



Principal Place of Business
**516 LAKEVIEW ROAD
VILLA III
CLEARWATER, FL 33756**

Mailing Address
**516 LAKEVIEW ROAD
VILLA III
CLEARWATER, FL 33756**



02282008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1139171	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BANKS, ROBERT J
9912 WIND TREE BOULEVARD
SEMINOLE, FL 33772**

**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 renewing) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000915358
05/09/08 00012-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BANKS, ROBERT J TRUSTEE
STREET ADDRESS	9912 WIND TREE BOULEVARD
CITY-ST-ZIP	SEMINOLE, FL 33772

TITLE	
NAME	
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CITY-ST-ZIP	

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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: *Robert J Banks*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/11/08

727-258-8930