2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000009991

2328 LAURIE AVENUE, LLC



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

Principal Place of Business

Mailing Address

1429 TROUT DRIVE

PANAMA CITY BEACH, FL 32411 US

P.O. BOX 27576

PANAMA CITY BEACH, FL 32411



04222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number **NOT APPLICABLE**

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SAVELLE, MARY E 1429 TROUT DRIVE

DO NOT WRITE

PANAMA CITY BEACH, FL 32411		IN	IN THIS SPACE	
	named entity submits this statement for the purpose of changions of registered agent.	[ging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signeture, typed or printed name of registered agent and title K applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
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 LIVING TRUST OF MARY SAVELLE 1429 TROUT DRIVE PANAMA CITY BEACH, FL 32411			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			156,65 000000 156,65	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				

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.

STREET ADDRESS CITY-ST-ZIP