2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

LIDIGACHER, L	T # L00000004 LC	.052				04-30-200	08 90017 0:	21 ***	138.75
Principal Place of Busin 106 DOMINO DRIVE S RUSKIN, FL 33570		Mailing Address 106 DOMINO DRIVE S RUSKIN, FŁ 33570	•	,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2311 2011 2211 PUIN 221		004	
2. Principal Place of Bu	usiness - No P.O. Box #	3. Mailing Address		<u>.</u>	-:				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04042008	Chg-LLC	CR2E083 ((12/06)		
City & State		City & State		4. FEI Numbe 59-3636				plied For t Applicable	
Zip	Country	Zip	Count	try	5. Certificate	of Status Desired		.00 Add Required	
6. Na	me and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agei	nt	
				Name					
MCCLAIN, GAIL 106 DOMINO DRIVE S RUSKIN, FL 33570		Street Address (F		(P.O. Box Numbe	r is Not Acceptable)			
					·		· · · ·		
				City			FL	Zip Code	8
The above named e the obligations of re		or the purpose of changing its	registere	ed office or registe	ered agent, or both	n, in the State of Flo	rida. I am fami	liar with,	and accept
SIGNATURE Signature, ty	ped or printed name of registered agent	and title if applicable. (NOTE	E: Registered	d Agent signature require	ed when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					Make check payable to Fiorida Department of State				
After May 1, 200)8 Fee will be \$538.7!	5							•
After May 1, 200)8 Fee will be \$538.7!		10.				Department		9
)8 Fee will be \$538.75		10.			Fiorida	Department CHANGES		Addition
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9. TITLE MGR NAME MCCLJ STREET ADDRESS 106 DC	18 Fee will be \$538.79	ERS/MANAGERS	TITLE NAME STREE			Fiorida	Department CHANGES	of State	
9. TITLE MGR NAME MCCLJ STREET ADDRESS 106 DC CITY-ST-ZIP RUSKI	MANAGING MEMBE MANAGING MEMBE AIN, GAIL DMINO DRIVE S N, FL 33570	ERS/MANAGERS	TITLE NAME STREE CITY-	E ET ADORESS -ST-ZIP		Fiorida	Department CHANGES	of State	
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11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Horida 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-28-08

645-8812

Daytime Phone #