



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90075 047 \*\*\*\*50.00

<b>DOCUMENT # L00000005967</b>					
<b>1. Entity Name</b> 1888USA, LC					
<b>Principal Place of Business</b> 2615 W. GRAND RESERVE CIR., #318 CLEARWATER, FL 33759			<b>Mailing Address</b> 2615 W. GRAND RESERVE CIR., #318 CLEARWATER, FL 33759		
<b>2. Principal Place of Business - No P.O. Box #</b> 2618 W GRAND RESERVE CIR		<b>3. Mailing Address</b> 2618 W GRAND RESERVE CIR			
Suite, Apt. #, etc. #611		Suite, Apt. #, etc. #611			
<b>City &amp; State</b> CLEARWATER FL		<b>City &amp; State</b> CLEARWATER FL			
<b>Zip</b> 33759		<b>Country</b>		04262007 Chg-LLC CR2E083 (12/06)	
<b>4. FEI Number</b> 59-3655596		Applied For <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b> WATERS, JAMES 2615 W. GRAND RESERVE CIR., #318 CLEARWATER, FL 33759	
<b>7. Name and Address of New Registered Agent</b> Name WATERS, JAMES P Street Address (P.O. Box Number is Not Acceptable) 2618 W GRAND RESERVE CIR, #611 City CLEARWATER FL Zip Code 33759				<b>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.</b> SIGNATURE <i>James Waters</i> DATE 4-26-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WATERS, JAMES 2615 W. GRAND RESERVE CIR., #318 CLEARWATER, FL 33759	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WATERS, JAMES P 2618 W GRAND RESERVE CIR #611 CLEARWATER, FL 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <i>James Waters</i>			Date 4-26-07 Daytime Phone # 727-576-1245		