

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90102 016 \*\*\*138.75

00040185



01082008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L00000009103</b> 1. Entity Name <b>SAUNDERS &amp; COMPANY, P.L.</b>					
Principal Place of Business <b>201 FRONT STREET SUITE 109 KEY WEST, FL 33040</b>			Mailing Address <b>201 FRONT STREET SUITE 109 KEY WEST, FL 33040</b>		
2. Principal Place of Business - No P.O. Box # <b>412 WHITE STREET</b>		3. Mailing Address <b>412 WHITE STREET</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>KEY WEST</b>		City & State <b>KEY WEST</b>		4. FEI Number <b>65-1022499</b>	
Zip <b>33040</b>		Country <b>MONROE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
Zip <b>33040</b>		Country <b>MONROE</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>SAUNDERS, SCOTT A CPA 201 FRONT STREET SUITE 109 KEY WEST, FL 33040</b>				7. Name and Address of New Registered Agent Name <b>SAUNDERS, SCOTT A CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>412 WHITE STREET</b> City <b>KEY WEST</b> <b>FL</b> Zip Code <b>33040</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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAUNDERS, SCOTT A CPA 201 FRONT STREET SUITE 109 KEY WEST, FL 33040	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	412 WHITE STREET KEY WEST, FL 33040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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>SIGNATURE:</b> _____ <b>1/8/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					