

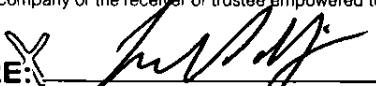


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90137 017 ***143.75

DOCUMENT # L00000012340 1. Entity Name THE RIPA FISHER AVENUE R E LIMITED LIABILITY COMPANY			
Principal Place of Business 10149 FISHER AVENUE TAMPA, FL 33619-7843		Mailing Address 10149 FISHER AVENUE TAMPA, FL 33619-7843	
2. Principal Place of Business - No P.O. Box # 1409 TECH Blvd		3. Mailing Address 1409 TECH Blvd	
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc. Suite 1	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33619		Zip 33619	
Country US		Country US	
6. Name and Address of Current Registered Agent RIPA, FRANK P 10149 FISHER AVENUE TAMPA, FL 33619-7843		7. Name and Address of New Registered Agent Name RIPA, Frank P. Street Address (P.O. Box Number is Not Acceptable) 1409 TECH Blvd, Suite 1 City TAMPA	
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.		4. FEI Number 59-3675398	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE 		DATE 2/6/08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME RIPA, FRANK P STREET ADDRESS 10149 FISHER AVENUE CITY-ST-ZIP TAMPA, FL 336197843	<input type="checkbox"/> Delete	TITLE MGR NAME RIPA, FRANK P. STREET ADDRESS 1409 TECH Blvd, Suite 1 CITY-ST-ZIP TAMPA, FL 33619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	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.			
SIGNATURE 		FRANK P. RIPA	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE 2/6/08	
DAYTIME PHONE # 813-623-6777		DATE 2/6/08	