2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED May 01, 2008 08:00 AN Secretary of State **DOCUMENT # L01000003375** 1. Entity Name WIESBAR INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 936 CRENSHAW LAKE RD. 936 CRENSHAW LAKE RD. **LUTZ FL 33549** LUTZ FL 33549 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) Applied For City & State City & State 4. FEI Number 59-3731709 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WIECZORKOWSKI, ANDREW Street Address (P.O. Box Number is Not Acceptable) THE WILDER CENTER 3000 GULF-TO-BAY BLVD., STE. 200 **CLEARWATER FL 33759** Zip Code 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 Signature, typed or printed name of registered agont and title if perpissola tNOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. TITLE MGR ☐ Delete TITLE Change ☐ Addition NAME KASPROW, WIESLAW H NAME STREET ADDRESS 936 CRENSHAW LAKE RD. STREET ADDRESS CITY-ST-ZIP **LUTZ FL 33549** CITY-ST-ZIP Delete TITLE MGR Change ☐ Addition TITLE U00000937161 KASPROW, TADEUSZ NAME NAME 05/27/08-80039-001 138.75 STREET ADDRESS 936 CRENSHAW LAKE RD. STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP LUTZ FL 33549 TITLE Delete Change Addition MGR KASPROW, ELZBIETA STREET ADDRESS 936 CRENSHAW LAKE RD. STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP LUTZ FL 33549 MGR Delete TITLE Change ☐ Addition KASPROW, BARBARA STREET ADDRESS 936 CRENSHAW LAKE RD. STREET ADDRESS **LUTZ FL 33549** CITY-ST-ZIP CITY-S1-ZiP TITLE Delete Change Change Addition NAME STREET ADDRESS STREET AUDRESS CITY: ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- 7IP CITY-ST-7/E 11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 path; 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 60\$, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: