

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011495

Entity Name: 8-2001, LLC

FILED  
Apr 22, 2008  
Secretary of State

**Current Principal Place of Business:**

50 CENTRAL AVENUE SUITE  
SUITE 900  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

50 CENTRAL AVE  
SUITE 900  
SARASOTA, FL 34236

**New Mailing Address:**

FEI Number: 65-1127709

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOSCH, JOHN E ESQ.  
50 CENTRAL AVENUE  
SUITE 900  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: VPS ( ) Delete  
Name: TOSCH, JOHN  
Address: 50 CENTRAL AVENUE  
City-St-Zip: SARASOTA, FL 34236

Title: T (X) Delete  
Name: HITEMAN, STEVE  
Address: 50 CENTRAL AVENUE  
City-St-Zip: SARASOTA, FL 34236

Title: VP (X) Delete  
Name: KING, JEFF  
Address: 2995 US 1 SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32086

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN TOSCH

VP

04/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date