


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000017850
 1. Entity Name
 SECTION 32, L.L.C.



Principal Place of Business 2750 TRAIL DAIRY CIRCLE NORTH FORT MYERS, FL 33918	Mailing Address P.O. BOX 3514 NORTH FORT MYERS, FL 33918
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DO NOT WRITE IN THIS SPACE



03072008No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-1115753	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FALLACARA, BARBARA L
 2750 TRAIL DAIRY CIRCLE
 NORTH FORT MYERS, FL 33918

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000910298
 05/06/08-80105-008 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLEMONS, NORMAN F 2750 TRAIL DAIRY CIRCLE NORTH FORT MYERS, FL 33918
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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: Norman Clemons Date: 4-1-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #