
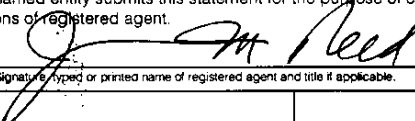



FILED
Apr 27, 2007 8:00 am
Secretary of State

60042-

DOCUMENT # L02000012099				04-27-2007 90036 024 ****50.00	
1. Entity Name AGENA,LLC					
Principal Place of Business 9625 WES KEARNEY WAY RIVERVIEW, FL 33569		Mailing Address PO BOX 5299 TAMPA, FL 33675-5299			
2. Principal Place of Business - No P.O. Box # 5115 JOANNE KEARNEY BLVD.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TAMPA FL 33619		City & State		4. FEI Number 03-0449595	
Zip 33619		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
HARRIS, TRACY J JR 9625 WES KEARNEY WAY RIVERVIEW, FL 33569		JAMES M. REED 5115 JOANNE KEARNEY BLVD. TAMPA FL 33619			
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 		DATE 3/27/07			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
MGRM HARRIS, TRACY J JR 701 INDIANA AVE PALM HARBOR, FL 34683		5115 JOANNE KEARNEY BLVD. TAMPA FL 33619			
MGRM KEARNEY, BING 911 SEDDON COVE WAY TAMPA, FL 33602		5115 JOANNE KEARNEY BLVD. TAMPA FL 33619			
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: 		DATE 3/27/07 813 435-7105			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			