

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2008 08:00 A
Secretary of State

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| DOCUMENT # L02000014355 1. Entity Name LEWIS CAPITAL LLC |  |
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|---|---|
| Principal Place of Business 1875 OLEANDER ST SARASOTA, FL 34239 | Mailing Address 1875 OLEANDER ST SARASOTA, FL 34239 |
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DO NOT WRITE IN THIS SPACE



01102008No Chg-LLC CR2E083 (12/07)

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|---|---------------------------------------|
| 4. FEI Number 03-0464662 | 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

LEWIS, SARA P
1875 OLEANDER ST
SARASOTA, FL 34239

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U000000854472
03/27/08-80009-008 138.75

9. MANAGING MEMBERS/MANAGERS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LEWIS, CLIFTON 1875 OLEANDER ST SARASOTA, FL 34239 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LEWIS, SARA P 1875 OLEANDER ST SARASOTA, FL 34239 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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: Sara Lewis Sara Lewis 2-21-08 (941)953-4659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #