2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000014720

1. Entity Name NEASE, L.L.C.



FILED Jan 09, 2008 08:00 AN Secretary of State

Principal Place of Business

1601 IACKSON STREET, STE. 202 FORT MYERS, FL 33901 Mailing Address

1601 JACKSON STREET, STE. 202 FORT MYERS, FL 33901



DO NOT WRITE IN THIS SPACE

01042008 No Chg-LLC

CR2E083 (12/07)

FEI Number
 59-2669336

Applied For Not Applicable

5. Certificate of Status Desired

3

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NEASE, STEPHEN 1601 JACKSON STREET, STE. 202 FORT MYERS, FL 33901

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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, typad or printed name of registered agent and title if applicable.

(NQTE: Registered Agent signature required when reinstating)

DATE

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

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9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEASE, STEPHEN 1601 JACKSON STREET, STE. 202 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEASE, AMY 1601 JACKSON STREET, STE. 202 FORT MYERS, FL 33901
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TITLE NAME	

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 received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

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

1160

379-699

Daytime Phone #