## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

SIGNATURE:

## Feb 25, 2008 8:00 am DOCUMENT # L02000027176 **Secretary of State** 1. Entity Name 02-25-2008 90139 007 \*\*\*138.75 12900 CORTEZ BOULEVARD, LLC Principal Place of Business Mailing Address 5350 SPRING HILL DRIVE SPRING HILL FL 34606 12900 CORTEZ BLVD. **BROOKSVILLE FL 34609** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/07) City & State City & State Applied For 4. FEI Number 14-1880777 Not Applicable Zip Country Zip Couritry \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SINGH, PARIKSITH Street Address (P.O. Box Number is Not Acceptable) 5350 SPRINGHILL DRIVE SPRING HILL FL 34606 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registeric: Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRP Delete TITLE Change Addition AURO MANAGEMENT, LLC NAME STREET ADDRESS 5350 SPRINGHILL DR. STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34606 CITY-ST-Z:P TITLE ☐ Delete ☐ Change ☐ Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY - ST - ZiP THILE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIE CITY-ST-ZIP Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST- ZIP CITY-ST-ZP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is rue 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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED

Daytane Phone #