2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT									
1. Entity Name	e	#L03000012				OBMAY -6 PM 1:47 TALLAHASSEE, FLORIDA			
						/	ALLANDAR	1:12	
Principal Place	e of Busines	s	Mailing Address				"MASSE	F 5/2	
407 EAST KING STREET QUINCY, FL 32351			P.O. BOX 378 MIDWAY, FL 32343				• •	PLORIE	
QUINOT, TE .	32331		INDUSTITE SECTO			I sovetenia nai ŝi	OKOR IININ OTNIK OTNIK DONI	**************************************	
2. Principal Pl	lace of Busin	ness - No P.O. Box #	3. Mailing Address						
Suite Apt	# etc		Suite, Apt. #, etc.			05062008	Chg-LLC	CR2E083 (12/06)	
City & State			City & State			4. FEI Number 75-3727			pplied For ot Applicable
Zip	Country		Zip	Coun	itry	5. Certificate o	f Status Desired	□ \$5.00 Ad Fee Require	
	6. Name	and Address of Curren				7. Name and Address of New Registered Agent			
SUBER, R	ICHARD (G JR	h		Name				
503 APPLEYARD DRIVE TALLAHASSEE, FL 32304			1 LV		Street Address (at Address (P.O. Box Number is Not Acceptable)			
			$(//)(\sim$		City				
			ν ΄		City	FL 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. It am familiar with, and accept the obligations of registered agent.									
SIGNATURE Synature, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2 liability company did not receive								e check payable to a Department of Sta	te
9.		MANAGING MEME	JERS/MANAGERS	10.			ADDITIONS,	/CHANGES	
TITLE	MGRM Delete				l l			Change	Addition
NAME STREET ADDRESS	SUBER, RICHARD G JR. 407 EAST KING STREET S				ne Eet address	05/13/i	U I Z 3Z 3801028-	18862 -022 **138.	75
CITY-ST-ZIP	1	FL 32351		CITY-ST-ZIP				022 44100:	
TIFLE	MGRM Delete IIIL SUBER, SONJA NAM							☐ Change	☐ Addition
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nrt E			☐ Delete	E			Change	Addition	
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City-S1-7P				CITY	(-ST-ZIP				
117LE	[☐ Delete	TITL	I			Change	Addition Addition
JAME STREET ADDRESS					EET ADDRESS				
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NAME STHEET ADDRESS					EET ADDRESS				
CITY-ST ZiP				CITY	r-ST-ZIP				
TITLE			☐ Delete	TITL NAA				Change	Addition i
STREET ADDRESS					EET ADDRESS				
City ST ZP				CITY	Y-ST-ZIP		_		
11. Thereby certify that the information supplied with this filling 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.									
$n \sim 1$									
SIGNATURE: SIGNATURE AND TYPES OF PRINTED HAME OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone Daytime Phone									