2008 LIMITED LIABILITY COMPANY ~

FILED Jan 24, 2008 08:00 A Secretary of State

ANNUAL REPORT				Jan 24, 2008 08:		
1. Entity Name	MENT # L03000 PIRATES, L.L.C.	013509			Secretary of S	
Principal Place 475 22ND AV ST. PETERSB		Mailing Address 475 22ND AVE NORTH ST. PETERSBURG, FL 33704		 		
DO NOT WRITE IN THIS SPA			CE	01152008No Chg-LLC 4. FEI Number 75-3111789	CR2E083 (12/07) Applied For Nct Applicable	
		<u> </u>		5. Certificate of Status Desired	55,00 Additional Fee Required	
FARIAS, R 475 22ND SAINT PE		urrent Registered Agent	DO NOT WRITE IN THIS SPACE			
the obligat	named entity submits this state ions of registered agent. Signature, typed or printed name of register NOW!!! FEE IS \$138.7 71, 2008 Fee will be \$5	'5	ed affice or register	α .	lorida. I am familiar with, and accept	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING P FARIAS, SUSAN 475 22ND AVE N SAINT PETERSBURG, FL	MEMBERS/MANAGÉRS		U00000 01/25/08	0793304 -80003-018 138.75	
NAME STREET ADDRESS CITY-ST-ZIP IFILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.22.08

127 823-4130

Date

Daytime Priore #