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

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

DOCUMENT # L03000025304 1. Entity Name OLDE WORLD IMPORTING, L.L.C.						FILED								
Principal Plac	a of Rusinoss	Mailing Addrage				2008 DE	C -4	PM 4	: 41					
			Mailing Address 3610 11TH AVENUE NORTH					<u>ሮ</u> ሮለከተ	****	/ OE OT				
ST. PETERSBURG FL 33713			ST. PETERSBURG FL 33713					HAMM		OF ST				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address					26##H 6N 26122 Hill				49111 6168	191 III I III I	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				. 1	st MOORE		CR2E083	(10/)7)		
City & State			City & State			4. FEI Number 05-0576612 Applied F Not Applied S Cartificate of Status Desired \$5.00 Additional			Applicable					
Zip	Country 6. Name and Address of Cui		Zip	Couritry				te of Status De		Z	Fee R	O Addi equired		
		Name	7. Name and Address of New Registered Agent											
BREDE, STEVEN 3610 11TH AVENUE NORTH						Street Address (P.O. Box Number is Not Acceptable)								
3610 ST.			Street A	reel Address (F.O. Dox Humber is NOT Acceptable)										
				City	FL Zip Code									
8. The above the obligat	named entity submits this stateme ions of registered agent.	ent for the	purpose of changing its	registeri	ed office or	register	ed agent, or i	ooth, in the Sta	te of Flo	orida. I am	familia	r with, a	and accept	
SIGNATURE Signature, typed or centred name of registered agent and the if expirated to those Apent signature required when renetating).														
FILE NOW!!! FEE IS \$138.75														
After May 1, 2008, 1 Make Check Payable to Fi						3e \$538						•		
9.	MANAGING M	-					400	TIONO	CUANOF					
TITLE	MANAGING MEMBERS/MANAGERS Delete					ADDITIONS/CHANGES					banna	Addition		
NAME	BREDE, STEVEN			HITTH MAN								Kingo		
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	Cartify that the information a	d with at	is filing does not aven't		-ST-ZIP		d in Cast's	110 Flade C	At. 4- : '	6. mt =			farment e	
indicated limited lia	certify that the information supplie on this report is true and accurat bility company or the receiver or	ie an d the trustee er	my signature shall have mpowered to execute this	re the sai s report a	me legal et as required	flect as if by Chap	f made unde: oter 608, Flori	r oath: that I a da Statutes.	awes. I mama	naging mer	mber o	t wausi	ger of the	