

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90019 012 ***138.75

DOCUMENT # L03000037711	
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Principal Place of Business 100 EXECUTIVE WAY 228 CANAL BLVD 208-1 PONTE VEDRA, FL 32082	Mailing Address 41 PHILLIPS AVE. PONTE VEDRA BEACH, FL 32082
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2. Principal Place of Business - No P.O. Box # 228 CANAL BLVD	3. Mailing Address 41 Phillips Ave
Suite, Apt. #, etc. 1	Suite, Apt. #, etc.
City & State Ponte Vedra	City & State Ponte Vedra Beach
Zip FL	Country USA

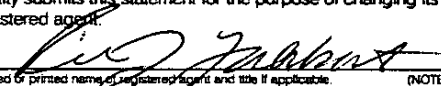


04302008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0563804	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LALIBERTE, PETER J 41 PHILLIPS AVE. PONTE VEDRA BEACH, FL 32082	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  DATE **4/29/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE PRES	☐ Delete	TITLE PRES	☐ Change ☐ Addition
NAME LALIBERTE, PETER		NAME LALIBERTE, PETER	
STREET ADDRESS 100 EXECUTIVE WAY 208 228 Canal Blvd #1		STREET ADDRESS 228 CANAL BLVD #1	
CITY-ST-ZIP PONTE VEDRA, FL 32082		CITY-ST-ZIP Ponte Vedra FL 32082	
TITLE PRES	☐ Delete	TITLE PRES	☐ Change ☐ Addition
NAME LALIBERTE, PETER		NAME LALIBERTE, PETER	
STREET ADDRESS 228 CANAL BLVD #1		STREET ADDRESS 228 CANAL BLVD #1	
CITY-ST-ZIP Ponte Vedra FL 32082		CITY-ST-ZIP Ponte Vedra FL 32082	
TITLE 	☐ Delete	TITLE 	☐ Change ☐ Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	☐ Delete	TITLE 	☐ Change ☐ Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	☐ Delete	TITLE 	☐ Change ☐ Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	

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:  DATE **4/28/08** DAYTIME PHONE # **904-285-9820**

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