2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 26. 2008 08:00 AN ate

				1VIAI 20, 2000 00.		
DOCU	MENT # L030000	41030		Secretary o	f St	
1. Entity Nam				•		
SECOND) STORY L.L.C.					
			() E A			
,	ce of Business	Mailing Address				
3127 ORTE(GA DR.	3127 ORTEGA DR.				
TALLAHASSE	EE, FL 32312	TALLAHASSEE, FL 32312		•		
) (1881) 1811 1814 1821 1821 1831 1831) 1831) 1831) 1831) 1831 1831		
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				00050000 No. Cha. L.L.C.		
	O NOT WOL	TE IN THIS CO	ACE	03252008 No Chg-LLC CR2E083 (12/07)		
L	JO NO! WHI!	TE IN THIS SP	ACE	4. FEI Number Applied	d For	
				20-0374113 Not Ap	plicable	
				5. Certificate of Status Desired	al	
	6. Name and Address of Cur	rent Registered Agent		<u> </u>		
GERINGE				DO NOT WRITE		
3127 ORT	EGA DR. SSEE, FL 32312					
IALLADA	335E, FL 32312			IN THIS SPACE		
				0.7.02		
8. The above	named entity submits this stateme	nt for the purpose of changing its rec	sistered office or register	red agent, or both, in the State of Florida. I am familiar with, and	accept	
	tions of registered agent.		, <u>,</u>			
SIGNATURE.	Signature, typed or printed name of registered	egent and tide if applicable. (NOTE Re	gistered Agent signature required	d when remetating) DATE	_	
	egrand, per a principal and a region of the control		gina a granda i a qui a			
FILE	E NOW!!! FEE IS \$138.75					
	y 1, 2008 Fee will be \$536	3.75				
	PARTA ONLO 14	MOTORIMANIAOEDO				
9.	MANAGING ME	MBERS/MANAGERS				
TITLE						
NAME STREET ADDRESS	GERINGER, MARY 3127 ORTEGA DR.					
CITY-ST-ZIP	TALLAHASSEE, FL 32312		ł			
	TALLAHAGGEE, FE 32312					
TITLE						
NAME STREET ADDRESS	1		1	U0000087043 4		
CITY-ST-ZIP			1	04/09/08-80083-023 138	3.75	
				- · · · · · · · · · · · · · · · ·		
TITLE NAME						
STREET ADDRESS			1			
CITY-ST-ZIP			1	DO NOT WRITE		

11. I hereby 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.

EMBER, OR AUTHORIZED REPRESENTATIVE

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

IN THIS SPACE