#### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L03000044495

1. Entity Name
2ND LOOK, LLC



FILED Apr 04, 2008 08:00 Al Secretary of State

Principal Place of Business

3422 BLACKFOOT LANE MIDDLEBURG, FL 32068

Mailing Address

3422 BLACKFOOT LANE MIDDLEBURG, FL 32068



### DO NOT WRITE IN THIS SPACE

03162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 56-2416609

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FORDHAM, SCOTT B 1241 S. MCDUFF AVE JACKSONVILLE, FL 32205

# DO NOT WRITE IN THIS SPACE

6.	<ul> <li>The above named entity submits this statement for the purpose of chathe obligations of registered agent.</li> </ul>	anging its registered office or registered agent, or both, i	in the State of Florida.	l am familia	ar with, and acc	cept
s	IGNATURE	· · · · · · · · · · · · · · · · · · ·				_
	Signature, typed or printed name of registered agent and title if applicable,	(NOTE Registered Agent signature required when reinstating)	48 7	DATE	2.5	;
			0000006	81338 .		

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

000000881338 04/15/08-80096-020 138.75

MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME WALKER, DONALD L 3422 BLACKFOOT LN STREET ADDRESS CITY-ST-ZIP MIDDLEBURG, FL 32068 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRIT CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP INTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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

11. I hereby certify hat 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 /

NO TYPED OR PRÍNTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-30-8

104-334-4659

Daytima Phone #