2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 09, 2008 08:00 A Secretary of State **DOCUMENT # L03000044582** ROBERT E. TRANCHINA, LLC Principal Place of Business Mailing Address 4643 BARTELT RD. **4834 BRIARHILL COURT** HOLIDAY, FL 34690 US HOLIDAY, FL 34690 US 03312008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE. 4. FEI Number Applied For 20-0392096 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TRANCHINA, ROBERT E DO NOT WRITE 4834 BRIARHILL COURT HOLIDAY, FL 34690 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE #00000839300 04/22/08-80048-009 143,75 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE TRANCHINA, ROBERT E NAME STREET ADDRESS 4643 BARTELT RD. CITY-ST-ZIP HOLIDAY, FL 34690 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS 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.

EIGNATURE AND TYPED OR PROTED NAME OF RIGHTING MANAGING BETWEEL OR AUTHORIZED REPRESENTATIVE