2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 17, 2008 08:00 A DOCUMENT # L03000055034 **Secretary of State** C. A. NOEKER MANAGEMENT "LLC" Principal Place of Business Mailing Address 13950 TALMAGE LOOP 13950 TALMAGE LOOP HUDSON, FL 34667 HUDSON, FL 34667 01072008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 36-3501349 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NOEKER, CARL A DO NOT WRITE 13950 TALMAGE LOOP. HUDSON, FL 34667 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 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM NAME NOEKER, CARL STREET ADDRESS 13950 TALMAGE LOOP HUDSON, FL 34667 CITY-ST-ZIP TITLE U00000861498 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-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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3.5.08

127.452258

Date

Daytime Phone #

FILED