
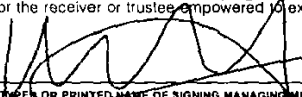


**FILED**  
**Jun 23, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90255 022 \*\*\*143.75

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L04000010508</b>		
1. Entity Name <b>MICHAEL FOUGHT LLC</b>		
Principal Place of Business <b>1671 RIVER RD JACKSONVILLE, FL 32207</b>		Mailing Address <b>1671 RIVER RD JACKSONVILLE, FL 32207</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		04212008 No Chg-LLC      CR2E083 (12/07)
		4. FEI Number <b>30-0228668</b> Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>FOUGHT, MICHAEL 2051 POINEER TRAIL #159 NEW SMYRNA BEACH, FL 32168</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FOUGHT, MICHAEL 2051 POINEER TRAIL #159 NEW SMYRNA BEACH, FL 32168</b>	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		