2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025502

Name:

Address:

City-St-Zip:

THOMAS E JOHNSON REV, OCABLE TRUSTEE

111710 N ARMENIA AVE

TAMPA, FL 33612

Entity Name: CLEVELAND MARKET LLC

FILED Aug 07, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1209 CLEVELAND STREET CLEARWATER, FL 337554908 **Current Mailing Address: New Mailing Address:** 1209 CLEVELAND STREET CLEARWATER, FL 337554908 FEI Number: 20-0866694 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOLMGREN, MYRON 1213 CLEVELAND STREET CEARWATER, FL 33705 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete WILKINS CORP/. Name: Name: Address: 2778 QUAIL HOLLOW ROAD WEST Address: City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: HOLMGREN, MRYON Name: Address: 3042 TALL PINE DR Address: City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition VOGEL, JACK H TRUSTEE Name: Name: Address: 2209 RIVERVIEW BLVD Address: City-St-Zip: WEST BRADENTON, FL 34205 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MYRON HOLMGREN MGRM 08/07/2008