2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 06, 2008 8:00 am Secretary of State DOCUMENT # L04000027938 1. Entity Name 03-06-2008 90250 016 ***138.75 GARY CEBULSKI, LLC Principal Place of Business Mailing Address 1134 SYCAMORE ST 1134 SYCAMORE ST LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 US US CR2E083 (12/07) 01112008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 37-4763294 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Tax, Accounting Financial Assoc 809 Walker bi + Rd. #5 LAMB, JEFFREY R 809 WALKERBILT RD #5 DO NOT WRITE NAPLES, FL 34110 IN THIS SPACE Nuples, FL 34110 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 agen Benjamin C + Well sture required when reinstating) SIGNATURE registered agent and title if applicable. FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME -CEBULSKI, GARY STREET ADDRESS 1134 SYCAMORE ST CITY-ST-ZIP LAKE PLACID, FL 33852 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED