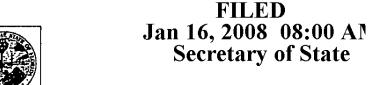
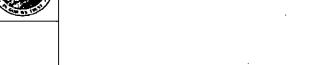
2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L04000028992 1. Entity Name CINTRE, LLC Principal Place of Business Mailing Address 3603 JUAN ORTIZ CIRCLE 3603 JUAN ORTIZ CIRCLE







DO NOT WRITE IN THIS SPACE

FORT PIERCE, FL 34947

01112008 No Chg-LLC CR2E083 (12/07)

4. FEI Number Applied For 20-1024749 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

TREFELNER, CYNTHIA H 3603 JUAN ORTIZ CIRCLE FORT PIERCE, FL 34947

the obligations of registered agent.

FORT PIERCE, FL 34947

DO NOT WRITE IN THIS SPACE

SIGNATURE_			
SIGNATURE_	Signature, typed or printed name of registered agent and site if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR_ TREFELNER, CYNTHIA H 3603 JUAN ORTIZ CIRCLE FT PIERCE, FL 34947		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000786711 01/17/08-80050-024 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-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.			

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