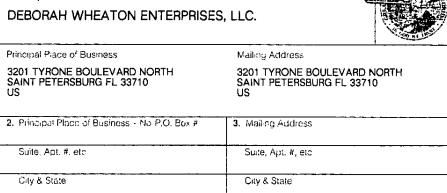
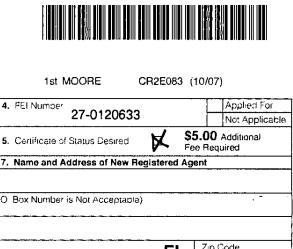
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

DOCUMENT # L04000038496

1. Entity Name



FILED Mar 07, 2008 08:00 A Secretary of State



						1 1	
Zip	Country	Zip	Country	5. Certificate of Status Desired	K	\$5.00 Add	litional d
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WH	EATON, DEBORAH A	Name	Name				
320	1 TYRONE BOULEVARD NOI NT PETERSBURG FL 33710	Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
O/All	11 1 E 1 E 1 0 0 0 1 0 0 0 7 1 0						
			City		FL	Z p Cod	ə
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or regio	stered agent, or both, in the State of Florio	a lam	familiar with,	arid accept
SIGNATURE .		•					
O'GIVIT C'IL	Signature, typed or printed name of registered agent on		Registanca Aljentis priature requ		DATE		
		Make Check Payabl	2008, Fee Will Be \$5 e to Florida Departn	nent of State			
9.	MANAGING MEMBER	S/MANAGERS	10.	ADDITIONS/C	HANGES		
TITLE	MGRM	Delete	TITLE			Change	☐ Addition
NAME	WHEATON, DEBORAH A		NAME	HOOOGOE	tiono.		
STREET ADDRESS CITY-ST-ZIP	3201 TYRONE BOULEVARD NORTH	1	STREET ADDRESS	00000085 03/25/08-80	1000 047-0	OA 140	70
	SAINT PETERSBURG FL 33710		CITY~ST-Z:P	יטפיייפט זכב זכט	U41_0		
TITLE		☐ Delete	TITLE			Change	Addition 🔲
NAME CTOCCT ADDRESS			NAME				
STREET ADDRESS CITY-ST-ZIP			STRFET ADDRESS CITY-ST-Z:P				
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TILL		☐ Delete	TITLE			Change	Addition Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-SI-ZIP			CITY-ST-ZIP				
						F-441	
TITLE		☐ Delete	TITLE NAME			Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP				
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TITLE NAME		☐ Delete	TITLE NAME			Change	Addition
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						Chanca	T Addising
TITLE NAME		☐ Delete	TITLE NAME			Change	Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY +ST-ZiP				

11. Theraby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

R, OR AUTHORIZED REPRESENTATIVE

Вауыта Рэхле #